VS A15 (4) 15M 9/55

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH-BALTIMORE, | 18 |
|----------|-------|-------------|----|-------------------|----|
| 0256 | 4 0 | CERTIFICATE | OF | DEATH | |

CERTIFICATE OF DEATH

02550 Reg. Dist. No.

| | PLACE OF DEATH o. COUNTY | Baltimo | re | MARYLA | AND | 2. USUAL RESIDENCE (WI | yland | | idence before | |
|---------------|--|---|----------------------------|----------------------|----------------|---|------------------------|--------------------------------|----------------|--|
| | RURAL and give | (If outside corporate nearest town). | limits, write | C. LENGTH OF STAY IN | . 1 | 3 VOL - 4 Ba | ltimore | | ind give neare | st town) |
| | | ITAL (If not in hospit | ol. give street of idge N | lursing Ho | me | d. STREET ADDRESS | E. 30±1 | Street | | IS RESIDENCE ON A FARM? YES NO H |
| | NAME OF DECEASED (Type or print) | 0 | First oseph | Middle H. | | Alban | 4. DATE OF DEATH | March | 3rd | Yeor 19 57 |
| | male | white | WIDOWE | DIVORCED | | Aug. 1, 18 | 85 P. A. | GE (In years IF UN Mont | | UNDER 24 HRS. Hours Min. |
| 13. | auring most or wo | Aman, N | ork done 10b. ired) Overty | KIND OF BUSINESS OR | INDUST | Baltimo. 14. MOTHER'S MAIDEN N Ella Mul | re, Mar | 1 1 | USA | WHAT COUNTRY? |
| 15. (Ye | WAS DECEASED EV | ER IN U. S. ARMED Iff yes, give wor or dote | | 17-16-914 | | Miss Annet | te (. + | Alban, 1 | 738 E. | 30th S |
| | | arth Was Caused IMMEDIATE CAUSED IMMEDIATE CAUSED DUI | BY: | Myocardit | is | chronic wi | th fai; | Lure | | vears |
| CERTIFICATION | | THER SIGNIFICANT C | ONDITIONS C | Advancing | ye | IOT RELATED TO THE TERMINATED | | | | WAS AUTOPSY PERFORMED? 'ES NO K |
| MEDICAL CES | 20c. TIME OF INJU- | RY Month, Day, | Year 20d. IN | | no Oe. PLAC | injury E OF INJURY (Home, farmory, street, office bldg., etc. none | .) ! | own) none | (County) | (State) |
| _ | O COLOR | mu Ir | 12 t | | leath o | D. 516 Cath | M, from the | city or town, store) Street | | stated above. DATE SIGNED -4-1957. |
| 220 | | ON, 226. DATE THE | | 22c. NAME OF CEMETE | ERY OR | | 7 | City, town, or coun | | (Store) Land |
| 23. | Leonard | J. Ruck | 5305 | Harford R | Road | | D BY REGISTRAR | 24b. REGISTRAR'S | SIGNATURE | |

BUREAU V. S.

7201 9 AAM

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BECENED

| | | | 02565 ^{MI} | | L EXAMINER | 'S CERTIFIC | CATE OF | DEATH | Reg, Dist. | (125) No. | 37 |
|--|-------------|--|---|---------------|---------------------------------------|-----------------------------------|------------------------|--|-----------------|---------------------------|-------------------|
| | 1. | PLACE OF DEATH | Baltimore | | MARYLANI | - CTATE | New You | sed lived. If Instit | | before adn | nission) |
| | t | and give nearest | N | | c. LENGTH OF STAY IN TH | | , | rporote limits, write | | nearest to | own) / |
| | L. | | CSVILLE SPITAL OR INSTITUTION | If not in hou | 6 days | d. STREET ADDR | | le 49x- | | a 15 1 | RESIDENCE |
| | ₩ € | estern | | | lholme Ave. | | ain St | | | ON | NO E |
| | | NAME OF DECEASED (Type or print) | HELEN | | Middle | ALLINA | 4. DATE OF DEATH | | ch 1, | | Year 1957 |
| | 5. 5 F | Female | White | 7. MARRIE | | 8. DATE OF BIRTH 7-6-1900 | | 9. AGE (In years land Minhdoy) 50 yrs. | Months Day | | |
| 1 | 10a | Jusual OCCUPA | ATION (Give kind of work rking life, even if retired) | | ind of Business or indu totography | | (State or foreign | | U. S. | | COUNTRY? |
| 1 | 13. | Jacob | | | | Gieela | | el | | 4,5 | |
|) | 15. {Yes | WAS DECEASED I. no. or unknown) NO | EVER IN U. S. ARMED FC | service) | SOCIAL SECURITY NO. 17. | | Machl | Address 10.312 (| ChurchI | Lane. | Pikes |
| | | 979x | | crus | tures of behed chest, to being r | fracture | d skul! | 1. | | NTERVAL BETWONSET AND DE | iin. |
| 1 | CATION | PART II. | | one | NTRIBUTING TO DEATH BUT | NOT RELATED TO THE | TERMINAL DISEA | SE CONDITION GI | VEN IN PART 1(c | 19. WAS PERFO YES [| AUTOPSY DRMED? |
| | CERTIFIC | 200. EXTERNAL PRIMARY Der CAUSE OF DEAT | CAUSE WAS CONTRIBUTING 20 | Stepp | HOW INJURY OCCURRED. Ded in fron | (Enter nature of injury t of onco | ming to | of item 18.) | | | |
| | MEDICAL | 20c. TIME OF IN | MONTH, Day, Ye 3-1-57 19 | While | NJURY OCCURRED 200. PL | ctory, street, office bldc | efc.) | y or town) Cesville | (County) | | (State) |
| 21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inspection X, Inquiry that I taok charge of the remains described above, held an Autopsy , Inquiry that I taok charge of the remains described above, held an Autopsy , Inquiry that I taok charge of the remains described above, held an Autopsy , Inquiry that I taok charge of the remains described above, held an Autopsy , Inq | | | | | | | | | | , and | find that |
| | | | | | | | DATE 3-2-5 | SIGNED | | | |
| 200 | | EXAMINER'S NAME (Type) | D. D. Ca | ples, | M. D. | | EDICAL EXAMINER | _ | |)-2-) | 7 |
| | 220 | BURIAL CREMA | TION, 226. DATE THEREO (16) 3-2-5 | | Loudon Par | | | RION (City, lown, Baltimor | | (Sto | _ |
| | 23. | FUNERAL DIRECT | OR'S SIGNATURE | well | DORESS | ille 1240 | K 4 REGN | (345) 1246. REGI | STRAR'S SIGNA | New | el |

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMODE 18

BUREAU V. S.

DECENA ED

WYR & 1057

| | 2 | | | | Keg. | Dist. No. |
|----|---|---|---------------------------|---|---|---|
| | PLACE OF DEATH a. COUNTY | Balto | MARYLANI | O STATE A | e deceased lived. If institution: Residue. b. COUNTY | dence before admission) |
| | b. CITY OR TOWN (If RURAL and give nea | outside corporate limits, write | c. LENGTH OF STAY IN 11 | c. CITY OR TOWN (If out | side carporate limits, write RURAL ar | nd give nearest tawn) |
| 90 | 7 | L (If not in hospital give stree | S Catonsvi | d. STREET ADDRESS | Belgir | e. IS RESIDENCE ON A FARM? YES NO (\$2) |
| | 3. NAME OF DECEASED (Type or print) | Carrie | (Wettoker | +mstrong | OF DEATH MONTH | Day Year |
| | F. | W. WIDOV | | Feb 7-1899 | lost birthday) Manth | ER 1 YEAR IF UNDER 24 HR |
| 1 | House | (Give kind of work done 10bg life, even if retired) | At Hom | DUSTRY 11, BIRTHPLACE ISING OF | foreign country) 12. | U. S. A |
| 1 | 13. FATHER'S NAME | Weave | 1- | 14. MOTHER'S MAIDEN NA | Nacaboo | 50 |
| 0 | | IN U. S. ARMED FORCES? yes, give wor or dates of service) | 5. SOCIAL SECURITY NO. 17 | Seore o Fam A | Mations 3)3 | 11 Bolais |
| | PART I, DEATI | WAS CAUSED BY: | | sarcomo | U, d | INTERVAL BETWEEN ONSET AND DEATH |
| | Conditions, if on, gove rise to im | mediate (DIE TO | M Goner | lized me | Yackan, | 5grs |
| | lying couse lost. | (c) | | | | |
| 0 | PART II. OTHE | R SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH E | UT NOT RELATED TO THE TERMINA | AL DISEASE CONDITION GIVEN IN P | ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| | 200. ACCIDENT WAS OR CONTRIBUTING E | CAUSE OF DEATH | SCRIBE HOW INJURY OCCUP | RED. (Enter nature of injury in Pa | t for Part II of item 18.) | |
| | 20c. TIME OF INJURY Hour o. m. p. m. | While | | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) | (County) (State |
| | 21. I certify the | t I attended the decea | C. \ | ith occurred of | | I lost saw the deceos |
| 1 | ACTUAL SIGNATURE | Deinard | Capan | | M, from the couses and on DRESS (Street, city or town, state) | DATE SIGN |
| | PHYSICIAN'S NAME (Type) | | | | | |
| | 220. BURIAL, CREMATION REMOVAL (Specify) | 3-16-5 | HOLY Y | OR CREMATORY 2 | Badair A B | |
| 00 | 23 FUNERAL DIRECTOR'S | SIGNATURE | ADDRESS | 240. REC'D | BY REGISTRAR 245. REGISTRAR'S | SIGNATURE |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fungral director. VS A15 (4 15M 9/55



BUREAU V. 2.

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certificate

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. K.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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| No. | Ú | 40% | \supset | 1 |

| MEDICAL EXAMINER | 'S CERTIFICATE OF DEATH Reg. Dist. | No. 2 .3 |
|---|--|--|
| 1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE Maryland b. COUNTY Carr | |
| b. CITY OR TOWN [If outside corporate limits, write RURAL and give necreat found] Relsterstown | c. CITY OR TOWN (If outside corporate limits, write RURAL and gi | ive nearest town) |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS Deer Park Road | ts residence On a farm? YES NO |
| 3. NAME OF DECEASED (Type or print) William Henry Bal | zanna 4. DATE Month of DEATH March 31,195 | Day Year |
| 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED DIVORCED | 8. DATE OF BIRTH May 20, 1912 9. AGE (in years IFUNDER IY Say brithday) 44 yrs. Months Da | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver | Baltimore, Md. | U.S. |
| 13. FATHER'S NAME Samuel Balzanna | Annie E.Justice | |
| (Yes, no, or unknown) (If yes, give wer or dates of service) | Alice A.Balzanna, Finksburg, M | d. |
| 11001 | Thrombosis | INTERVAL BETWEEN ONSET AND DEATH 2 hrs. |
| Conditions, if ony, which gove rise to immediate cause (o), stating the underlying DUE TO | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TONE 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D CAUSE OF DEATH. NONE TONE | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I | (o) 19 WAS AUTOPSY PERFORMED? YES NO |
| | (Enter noture of injury in Port I or Port II of item 18.) | |
| | ACE OF INJURY (Home, form, 20f. (City or town) (County street, office bldg., etc.) | y) (Stote) |
| 21. I certify that I took charge of the remains described abdeath resulted from: Natural causes , Accident , Su | ave, held an Autapsy 🔲, Inspection 🔼, Inquiry vicide 🔲, Homicide 🔲, Undetermined cause 🔲. | 🔼, and find tha |
| SIGNATURE D. D. Caples | M.D. CHIEF MEDICAL EXAMINER | DATE SIGNED |

D. D. Caples, M.D. **EXAMINER'S** NAME (Type) 220. BURIAL CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF

DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

4-1-57

23. FUNERAL DIRECTOR'S SIGNATURE

J.F. Eline & Sons, Reisterstown, Md.

Gardens 24a. REC'D BY REGISTRAR

ASSISTANT MEDICAL EXAMINER

Finksburg . Md.

24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

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| | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02556 |
|------------|--|
| M | 02539 CERTIFICATE OF DEATH Reg. Dist. No. 4 |
| 1. | o. COUNTY RALTO MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. COUNTY B. COUNTY D. COUNTY |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL old give nearest town) DUNDALK 22 |
| | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR A FARM? YES NOT |
| 3 | NAME OF DECEASED (Type or print) (-EIRGE D. BECKINAN DEATH 3-24 - 195 |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HR loss bushday) Months Days Hours Min. |
| 10 | O. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNT OF COUNTRY COUNTRY (COUNTRY) 13 CITIZEN OF WHAT COUNTRY (COUNTRY) |
| | FATHER'S NAME UNK 14. MOTHER'S MAIDEN NAME UNK |
| | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown), (If yes, give wor or dates of service) 219-C1-24:20 MA Phe iks 18:3 1150 2 miles |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: ONSET AND DEATH ONSET AND DEATH |
| | DUE TO DUE TO |
| | Conditions, if any, which gave rise to immediate couse (a), stoting the under- |
| CATION | lying cause lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPS' PERFORMED'S PE |
| CEPTIFICA | |
| MEDICAL CE | |
| AFD | a fel sid men feller |
| | 21. I certify that I attended the deceased from Cathelian, 196, to Michael that I last saw the deceased alive an I have a sold and that death accurred at # A.M., from the causes and on the date stated about |
| 1 | ACTUAL SIGNATURE M.D. 107 N. Man & Datte Signature M.D. 107 N. Man & Datte Signature |
| | PHYSICIAN'S NAME (Typo) At Abunian |
| 2 | REMOVAL LEGECIFY) 4/- 5 7 HACKLE HEVEL & FORCE (City, togn, or county) Associated the force of the first of t |
| 23 | S. FUNERAL DIRECTOR'S SIGNATURE BUSINESS ADDRESS ADDRESS DATE PLANE SIGNATURE DATE PLANE SIGNATURE DATE PLANE SIGNATURE |
| | The state of the s |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



PAREAU V. S.

Item 12 raimoziz 3-20-57 et CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Baltimore **6. COUNTY** MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Stawilson BALTINDRE d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE . Iilson State Hospital S. BOND YES NO FO NAME OF Year DECEASED (Type or print) BENICEWICZ DEATH ANISO A W 1957 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 74 8. DATE OF BIRTH 9. AGE (In yours lost birthday) IF UNDER I YEAR IF UNDER 24 FIRS Months WIDOWED [7] 60 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) POLAND LABORER TAILORING U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IGNATIUS BENECEWICZ 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address Hospital records , Mt. Wilson State Mospital NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CORONARY THROMBOSIS 420,1 **DUE TO** ARTERIOSIS SCLEROSIS Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 179, WAS AUTOPSY PERFORMED? ULMONARY TUBERCULOSIS YES NO M 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. Not while of work of work p. m. 3 - 18. 1957, that I last saw the deceased 21. I certify that I attended the deceased fram... 12.57, and that death occurred at 3.40 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, slote) DATE SIGNED ACTUAL SIGNATURE NAME (Type 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) REMOVAL (Specify) 23. RUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BURNE 1057

of information carefully. death clearly and legibly.

PL

MARYLAND STATE DEPARTMENT OF HEALTH

02571

2411 N. Charies Street, Baitimore

CERTIFICATE OF DEATH

Reg. Dist. No....

02558

1. PLACE OF DEATH-COUNTY USUAL RESIDENCE (HOME) OF DECEASED Baltimore STATE Maryland COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside c "pornte limits, write RURAL and give nearest town) givo nearest town) TOWSON OR TOWN (n this place) Westminster TOWN HOSPITAL OR INSTITUTION OR TOWSON Convalesent Home (If rural, give location)
Ridge Road ADDRESS (Last) SC (11) 12 (10) Old, DATE 3. NAME OF (First) (Middle) Month) (Day) (Year) DECEASED Ruth ENGH B NIMEDIA 195 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) MATTIED 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH 9. AGE iast birthday | If under I year | If under 24 brs. Female White Months | Days | Hours | Min. 17,1891 11. BIRTHPLACE (State or foreign country) 10m USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) LANGUSTRY School COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Shearer Nancy Jane Hough 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, popor unknown) (If yes, give war or dates of 219-20-3470 C. I. Bennighof Westminster, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH RONCHOPNEUMONIA 2 HOURS Immediate cause Antecedent cause(s) ASCULAR WELKE Diseases or conditions, if any. giving rise to the above cause stating the underlying cause last EREBRAL RTERIOSCLANOSIS Y (\$74 PLR II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 198. DATE OF OPERATION | 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No F PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR! (Hour) While at Not While INJURY Work At work [22. I hereby certify that I attended the deceased from Mac. 19 , 1957, to 19 , 19 , that I last saw the deceased 7 and that death occurred at 2:15 C.m., from the causes and on the date stated above. (Degree or title) ADDRESS SIGNATURE DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Baltimore, Maryland Loudon Park DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS John R. Byers Westminster. Md. Laure

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CUREAU V. B.

SECELVEN TARE 14 1957

| | | 0.0 だがら | MENT OF HEALTH—BALTIMORE, 18 CATE OF DEATH 025698 |
|-----|------------|---|---|
| | 1. | PLACE OF DEATH a. COUNTY A A A TO - MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. (f institution- Residence before admission) b. COUNTY |
| | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| A 9 | 5 | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HOSE FATR MOUNT AUE | 1408 FAIR MOUNT ALE e. 15 RESIDENCE ON A FARM? |
| | | NAME OF DECEASED (Type or print) MARY AGNES / | BISCOE OF DEATH BOOM Day Year 195 |
| | | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | Oct. 23. 187/ 85 yrs Months Doys Hours Mir |
| | | D. USUAL OCCUPAT ON (Give kind of work done lob. KIND OF BUSINESS OR INE during most of working life, even if retired) HOME | My USA. |
| | 13. | AHFAYETTE LANGLEY | MARIE BISCOE |
| | 15. {Ye | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In no. or unknown) (11 year, give were or dates of service) NO N = | EGENA HEWLETT-408 FACR MOUNT |
| | | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | ARREST INTERVAL BETWEEN ONSET AND DEATH |
| | | Conditions, if any, which) DUE TO CONTROL PROPERTY 121 | ED ARTERLOSCIEROSC |
| | | gove rise to immediate couse (a), storing the under- DUE TO | |
| | PATION | PART M. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE | UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPPERFORMED! YES NO |
| | CERTIFIC | 20c. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RED. (Enter noture of injury in Port I or Port II of item 18.) |
| | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. rs. p. m. 19 While Not while at work at work | PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stefactory, street, office bldg., etc.) |
| | _ | 21. I certify that I attended the deceased from MAR 1 | 3 , 157, to MAR 19 , 185 7 that I last saw the dece |
| | | active on MAIS 123 and that dea | ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) |
| | | PHYSICIAN'S T. C. SIWINSKI | M.D. I JU PINNIT. MO 10000M |
| | 220 | BURIAL CREMATION, 226. DATE THEREOF 22. NAME OF CEMETERY REMOVAL (Specify) | |
| | 27 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| | 4 | Charles Charles | William I Thatel Brown |

TRANSION INC.

| 1. Pi | ACE OF DEATH | | 2. USUAL RESIDENCE | (Where deceased lived. If Institutions Reb. COUNTY | sidence before admission) |
|------------|--|--------------------------|--|--|--------------------------------------|
| | CITY OR TOWN If our de corporate limits, write RUPAL C. | MARYLAND | Md | | Baltimore |
| b. | CITY OR TOWN IF our 3e corporate limits, write RURAL C. | LENGTH OF STAY IN 16 | c. circor town | (If outside corporate limits, write RURAL VIIIC | and give nearest town) |
| d. | NAME OF HOSPITAL OR INSTITUTION (If not in hosping 108 Locust Drive | l, give street address) | 108 Locus | t Drive | IS RESIDENCE ON A FARM? YES NO |
| D | AME OF ECFASED Alice First | Middle odswo | rth Low | 4. DATE MAPPIN OF DEATH Mch. 9.1 | Day Year 057 19 |
| . SE | Fem. W WIDOWED | | 772157589 | 9 AGE (In years 1FUN: lost birthday) Manth | DER TYEAR IF UNDER 24 HR |
| 10a. du | USUAL OCCUPATION (Give kind of work dane 10b. KING vring most of working life, even if retired) | OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Stor | te ar fareign country) 12. | CITIZEN OF WHAT COUNTR |
| 13. F | FATHERS NAME WIFE | At Home | 14. MOTHER'S MAIDEN | NAME | 1 May |
| | Lames O D | A hand | 100 | 2. Brown | |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOO | CIAL SECURITY NO. 17. IN | FORMANT | Address | |
| Fines, i | no, or unknown) (If yes, give war or dates of service) | | | | |
| | 1B. CAUSE OF DEATH [Enler only one cause per line for | (a), (b), and (c)] | | | INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | cute Cardiac | Failure | | William Death |
| | Had it. I DUE TO | | | | |
| | Conditions, if any, which) (b) Card | iovascular Di | sease . | | |
| | gave rise to immediate cause (a), stating the underlying DUE TO | | | | |
| | cause last. (c) | | | | |
| CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONT | RIBUTING TO DEATH BUT N | OT RELATED TO THE TER | MINAL DISEASE CONDITION GIVEN IN | PERFORMED? |
| 5 | | | | | YES NO |
| CERTIF | PRIMARY (or CONTRIBUTING () | DW INJURY OCCURRED. (E | iter nature of Injury in Pr | art I ar Part II of item 18.) | |
| | CAUSE OF DEATH. | the and there less than | | | |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work [| Not while facts | E OF INJURY (Home, for ry, street, affice bldg., et | rm, 20f. (City or town) | (County) (State) |
| | 21. I certify that I took charge of the rem | rains described above | e, held an Autap | osy 🔲, Inspection 🏭, Inq | uiry 🚮, and find th |
| - 1 | death resulted fram: Natural causes 📆 | Accident [], Suic | ide 🔲, Hamicid | de [], Undetermined couse | |
| | M. O 141 "1 | 1. 11 | | | D 1 20 4101100 |
| | ACTUAL SIGNATURE 1011 | affer | M.D. CHIEF MEDICAL | EXAMINER [| DATE SIGNED |
| 1 | EXAMINER'S Geo. S. M. Kieffer | MATIL | ASSISTANT MEDI | ICAL EXAMINER | |
| | (17)~1 | VO" / | DEPUTY MEDICA | LEXAMINER Narch 9 | 1.957 |
| 220 | BURIAL, CREMATION, 226, DATE THEREOF | THE OF SHOOT AN | REMATOR | 22d. LOCATION TO AMA, COM | y) (State) |
| _[| OUTIAL 3.11-5/9 | 200- | 40-44 | The state of the s | 10 |
| J. F | UNERAL DIRECTOR'S SIGNATURE | ADDRESS 1 | 240. REG | C'D BY REGISTRAR 24b. REGISTRAR'S | SIGNATURE |
| 111 | | | | 88D 1 0 %7 PAR | . 8 |

🗐, and find that

19 IF UNDER 24 HRS. Hours

ITIZEN OF WHAT COUNTRY?

VS. A15ME(5) 5M 9/55

BUREAU V. S.

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J. Tickner & Sons

VS. AISME(5) 5M 9/55

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BUREAU V. S.

02563

Reg. Dist. No.

| , | 1. PLACE OF DEATH Baltimore | MARYLAND | | CE (Where deceased live ryland | 4 | Residence before of | * |
|----|--|--------------------|---|---|--|---------------------|--|
| | RURAL and give nearest town) | r3mth22dy | / | N (IF outside corporate | 1 | L and give nearest | town) |
| ,, | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION CIPTUR GROVE CTAME HUCFITA | | d. STREET ADDRESS Brandywine, Maryland | | | 0 | RESIDENCE IN A FARM? |
| | 3. NAME OF First DECEASED (Type or print) Frances Lorett | Middle a Johnso | n Bowers | 4. DATE OF DEATH | Month 7.2 | Day | Year 19 57 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED N female white WIDOWED X | | B. DATE OF BIRTH | 1884 7 6 | | UNDER 1 YEAR IF U | |
| X | 100. USUAL OCCUPATION (G've kind of work done during most of working life, even if retired) 10018eWiie | BUSINESS OR INDUS | | (State or foreign country | | 12 CITIZEN OF W | HAT COUNTRY? |
| | Lewis C. Johnson | | 14. MOTHER'S MA | abel Evans | | | |
| ١. | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown) [If yes, give wer or defeat of service] Unknown | | cords: S | PRING GROV | Address E STATE | HOS IT | L |
| | Conditions, if ony, which gove rise to immediate cotts (a), stating the under-lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO CONTRIBUTE AND ACCORDED TO CONTRIBUTED TO CONTRIBUTED TO CONTRIBUTE AND ACCORDED TO CONTRIBUTED TO CONTRIBUTED TO CONTRIBUTE AND ACCORDED TO CON | 57, Gal | NOT RELATED TO THE | | | IN PART I(o) 19 W | KIND DEATH LICLY S KIND M AS AUTOPSY REFORMED? |
| | OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF | COURRED 20e. PLA | | e, form, 20f. (City or to | | (County) | (State) |
| | ACTUAL SIGNATURE SET Trude & Fleis ulm PHYSICIAN'S GERTRUDE & FLE IS 220 PULBER, CREMATION, 22b. DATE THEREOF 22c. NA Complete (Specify) 3-7-57 | and that death | CREMATORY | A M, from the ADDRESS (Street, GROVE ST VILLE 28, M 22d. LOCATION Ly 36 C 7 | e causes and city or town, state ATE HUS aryland | e) ELITAL | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be a second or use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be registrar priar to Surial, cremation, ar removal, and in any event within 72 haurs after death. may be retained by the haspital or ottending physic an TO FUNERAL DIRECTOR: After this certificate has been s YS A15 (4) 1SM 9/S5

be filed with funeral director,

BECEINED

7201 8 AAN:

BUREAU V. S.

BUREAU V. &

DECEIVED TO

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) AUST KOKK North Carolina b. COUNTY At Sea 7.93.072.00 b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give nearest town) Richlanda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE prior ON A FARM? (Ship) S. S. Cubor YES TO NO TO Route 3. NAME OF First Middle 4. DATE Menth Day Year DECEASED (Type or print) DEATH JAMES BROOKS 19 57 March 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthdays Months Haurs M'n. Male Sept.2,1918 White WIDOWED | DIVORCED T 3 to VES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Seaman and Sparrows Pt. Co. Onslou Co. 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME poges James M. Brooks Dolly Diner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address -- Yes 2nd . Mrs. Martha Brooks, Routel, Richland N.C. 246-20-7155 INTERVA, BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Per Massive Hemothorax alang with fare burial-transit p **DUE TO** Conditions, if ony, which gove rise to immediate cause **DUE TO** (a), stoting the underlying cause lost. Ξ. 0 PART 11. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS ALTOPSY CERTIFICATION PERFORMED? YES T NO [700. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not while O. 81 at work al wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection inquiry and find that death resulted from: Natural causes [X] Accident . Suicide | Homicide F Undetermined cause DATE SIGNED = 12 ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR M.D. 00 forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S William V. Lovitt, Jr., M.D. NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, gr.caunty). (Stote) O Mar.7th/57 Richland N.C. **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 2024 Orleans St. 31 5M 9755

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

any delay is necessary, please med funeral directar. Rage 4 shauld be 2 offe within 24 haurs o Giv≡ Pages 1, 7 M3. Page 5 may Hem 18 ward ''pending'' in Examiner's Office the certific DEPUT

S A REVEN Titl SI HAM

VS A15 (4) 15M 9/55

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| | | | . 1. 0 1 | CERT | IFIC/ | ATE OF DEAT | Ή | | Reg. Dist | No. | | |
|--|--|--|-------------------------------|-------------------------|----------------|--|-------------------------|--|---------------|------------|-------------|----------------------------------|
| 1. | PLACE OF DEATH | Baltim | ore | MAR | YLAND | 2. USUAL RESIDENCE (M | Yhere deceased | tived If institution b. COUNTY | on: Residence | before | e odmissi | on) |
| | b. CITY OR TOWN (IF RURAL and give nec | outside corporate limarest town) NSVIILE | its, write | c. LENGTH OF STAY | r in ib Nos | e. CITY OR TOWN (IF Media | outside corpor | ole limits, write RI | URAL ond gi | ve near | rest lown |) _¥ |
| | d. NAME OF HOSPITA | O Edmond | | | • | d. STREET ADDRESS | | | | • | | DENCE FARM? NO |
| 3. NAME OF First DECEASED (Type or print) S. | | | S. | Middl Earl | | Brown, Sr. | 4. DATE OF DEATH | Mch. | | 5 7 | | rear |
| | sex M | 6. COLOR OR RACE | WIDOWE | D DIVORC | ED 🔲 | | 885 | P AGE (In years lost birthday) 71 yrs. | Months (| YEAR | Hours | R 24 HRS Min. |
| | Yardmast | INCI life, even it retired | done 10b. | P. R. | | | land | untry) | _ | | WHAT | COUNTRY |
| | | uel J. B | | | | Emily K | | | | | | |
| (Ye | No | t yes, give wor or dates of s | ervice) | | M | rs. Hargary | Burg | 10 Edm | | n l | Rid; | ge Rá |
| | PART I. DEAT | TH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o | 7/2 | e for (o), (b), and (c) | L. | Ca o Cerc | bru | | | ONSE | RVAL BE | DEATH |
| | Conditions, if an gove rise to im couse (o), stoting the lying couse fost. | mediote (| tran | sitional | Col | Ca g Re | nd K | elvis | | 1 | 30 | |
| CERTIFICATION | | | | | | NOT RELATED TO THE TERM | | | EN IN PART | | PERFO | NO P |
| | 200. ACCIDENT WAS OR CONTRIBUTING OF (IF EITHER, NOTIFY A | | | | | | | | | | | |
| MEDICAL | Hour a. p. m. | Month, Day, Ye | While of work | Not while of work | for | ACE OF INJURY (Home, far tary, street, affice bldg , et | m, i 20f. (City lc.) | or lown] | (Co | unty) | | (Stote) |
| | 21. 1 certify the alive on | latended the | decease 185 Jall Gal | | death | occurred at 1850 M.D. 620933 | M, fram | the causes a | nd an the | ost sar | w the state | deceased d above TE SIGNED |
| 220 | BURIAL CREMATION REMOVAL (Specify) Burial | Meh | 11,5 | 7 Union | | | | on (City, town, o ster Co | | en | (Stole |) |
| 23. | guley Ta | SIGNATURE HO | me. | Catonsv | 111 | | D BY REGISTR | AR 24b. REGIS | TRAR'S SIGN | ATURE | | |

DATE



BUREAU V. S.

| 100 | • | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02567 |
|--|------------|--|
| THE THE PERSON NAMED IN COLUMN TO PERSON NAM | | 02551 CERTIFICATE OF DEATH Reg. Dist. No. 42 |
| Iler III | 1. (Ts | NAME OF DECEASED List Line Bruce 2. DATE OF DEATH 3/16/57 |
| PEN. Iy and IS AF | Α. | PLACE OF DEATH Baltimore City Mathematical County A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) FULL NAME OF (If not in hospital or institution, give system address or |
| POINT PE h clearly 3) DAYS | HO | FULL NAME OF (If not in hospital or institution, give size address or location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) |
| LL F death | | Length of stay in Baltimore 70 Yrs. D. STREET ADDRESS (If ry's), give location) Length of stay in Baltimore 1/36 Days 1/36 Da |
| A B S of | | SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH AGE (In years Mode) Your Min. WIDOWED, DIVORCED (Specify) 6. 18 18 18 18 18 18 18 1 |
| r use cause | 10 work | A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) WHAT COUNTRY WHAT COUNTRY INDUSTRY |
| No the WIT | 13 | CAPETATOZ MOCAMAN CO. WALLEMOZE 421. |
| - < / EB | 15 /V- | (Charles) (Charles) (System Josephine Mamellon Sunter or Appressife for Security No. 15/ Informant Security No. 16/ Informant Sec |
| CCK CCK RE |).h | CALCE OF DEATH |
| YT RE JE-BL (ans: | | DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO DEATH |
| RMANENT REG OR BLUE-BLA Physicians: 3 | | (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) |
| PERMA CK OR d. Phy | | ANTECEDENT CAUSES (B) J. C. |
| HIS IS A PER ENT BLACK O SUPPLIED. F | TION | DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) |
| THIS I PERMANENT arefully supl TH THE BU | | |
| THI PERMANEN carefully su | ERTI | OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. |
| WITH I | 2 | IF OPERATION WAS RELATED TO 19A, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20, AUTOPSY? CAUSE OF DEATH, ENTER IN 9 PART 1 OB |
| OR W | | OF INJURY WHILE AT WORK AT WORK |
| TYPE, OR formation | | certify that (I) (this hospital) attended the deceased from 15 5 3 19 to 195 1, that (I) (we) last saw the deceased alive on 16 195 7, |
| PLEASE T m of inf | | and that death occurred at |
| PLE CALLETCA | | ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. |
| Every i | TI | OR REMOVAL (Specify) 3/19/57 London Park Lone. 1801 Frederick, - are |
| A Si | | ATE RECEIVED-BY JEGISTRAM'S SIGNATURE JUNEAU DIRECTOR ADDRESS STEPPEN JOHN J. GOWAN JON STORES |

BUNEAU K. S.

TEGI OS BAND

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BUREAU V. S.

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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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IS RES DENCE

YES NOW

Year

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INTERVAL BETWEEN ONSET AND DEATH

(County)

PERFORMED? NO.

DATE SIGNED

(State)

MEDICAL O DEPUTY

VS. A15ME(5) 5M 9/55

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02570

| 1 | <u>L</u> | 02000 | Reg. | Dist. No. | 44 |
|-----|---------------|---|---|---------------------|-----------|
| No. | | COUNTY 1211 | 2. USUAL RESIDENCE (Where deceased lived, if Institution: Resi | dence before admir | wion) |
| | <u> </u> | OFFITO . MARYLAND | 11/4 8. | ALTU | |
| | 1 6 | CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside carporale limits, write RURAL a | nd give nearest toy | vn) |
| | | pannows TT = 1/1 VR. | X. BALTIMORE (19) | | |
| | 9 | MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS | | SIDENCE |
| | | Dert Stell Dispensory | 2115 SPARROUS POUXT | RD YES | NO D |
| | | AME OF First Middle | Last 4. DATE Month | Day Ye | POT |
| | | YPO OF PRINT HENEY RADFORD CA | MPBIZLL DEATH 3-15 | - 571 | 9 |
| | 5. 5 | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 | DATE OF BIRTH 9 AGE (In yours IFUNDE | R TYEAR IF UNDE | R 24 HRS. |
| | | MALE NHITE WIDOWED DIVORCED [] | MARCH 11 1919 38 yrs. Months | Days Hours | Min. |
| 1 | 10a | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (State or foreign country) 12 CI | TIZEN OF WHAT | COUNTRY? |
| | LŠ | TEFI WARKER | RECKLEY W.VA | 4.5,1 | 4 |
| | 13. | ATHER'S NAME | 14. MOTHER'S MAIDEN NAME | 0 / 0 // | |
| | | CHARLES HENRY CAMPREL | NINA COFFEY | | |
| | | | NFORMANT Addings | | |
| ĺ | | no, or unknown) (If yes, gue war or dates at service) (ES) | <u> </u> | | |
| | | IB. CAUSE OF DEATH [Enter only one couse peculine for (o), (b), and (c).] | • | INTERVAL BETWE | EN |
| | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Part I. DEATH WAS CAUSED BY: | | | 10 |
| 1 | | 1,8 DUE TO | | | |
| | | Canditions, if any, which agove rise to immediate cause | | | |
| | | (a), stating the underlying DUE TO | | | |
| | | couse last. | | | |
| | Z | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA | RT 1(0) 19. WAS A | UTOPSY |
| ۵ | CATI | | | YES T | NO X |
| | CERTIFICATION | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D 20b. DESCRIBE HOW NURRY OCCURRED. (E CAUSE OF DEATH. 20b. DESCRIBE HOW NURRY OCCURRED. (E CAUSE OF DEATH. | inter nature of injury in Part 1 or Port 11 of item 18.) - Dur law IN Ches BAI - | | |
| | 3 | 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. 20e PLAI | CE OF INJURY (Home, form, 20f. (City or lown) | ounty) | (State) |
| yd. | MEDICAL | Hoor a.m. 1/2 1/1/19 While Not while of work of work | ary, street, affice bldg., etc.) | Av. Thy | 1 |
| | | 21. I certify that I took charge of the remains described abo | ve, held/an Autapsy 🔲, Inspection 🛄 Inqui | iry Dond f | ind that |
| | | death resulted from: Natural causes 🔲, Accident 🗹, Sui- | cide 🔲, Homicide 🔲, Undetermined cause 🗍 |]. | |

cute the certificate, forwarded to the C ar remaval. 220. BURIAL, CREMAT ON,

226. DATE THEREOF 3-18-57

Vis

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City/Nown, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ACTUAL SIGNATURE

EXAMINER'S NAME (Type)

ADDRESS

240 REC'D BY REGISTRAR

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER TI

246. REDISTRAR'S SIGNATURE

DATE SIGNED

VS. A15ME(5) 5M 9/55

BUREAU V. S.

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BECEINED

| / mm \ | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12571 |
|--------------|------------|--|
| | | 02581 CERTIFICATE OF DEATH Reg. Dist. No. 37 |
| |) | PLACE OF DEATH Baltimore MARYLAND 2 USUAL RESIDENCE (Where-deceased liped. If institution Residence before admission) a. STATE Maryland b. COUNTY Daltimore |
| | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town 30 VIS Mark ton |
| 0,1 | | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Matthews Rd 9 A STREET ADDRESS OR INSTITUTION Matthews Rd 9 YES NO 1 |
| | 3. | NAME OF DECEASED (Type or print) ARMIDE Cocertuey Chilcoat 4. DATE Month Day Year 1957 |
| | L | Female 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Female White WIDOWED & DIVORCED 8 June 1882 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min. |
| i I | | USUAL OCCUPATION (Give kind of work dane does 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country), during most of working life, even if religid) 12 CITIZEN OF WHAT COUNTRY? 13 BIRTHPLACE (Stote or foreign country), 14 CITIZEN OF WHAT COUNTRY? 15 WEET A: Dulto |
| | 13. | ASER Gittings Witson Hattie Elizabeth Silver |
| 72 hours | 15. Ye | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Commille Harmel Address No Phone Daug 4 Feb Co Laure Pl. Carbonacheriel In |
| ent within | | 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteno sclustic Caudio Cascular ducase 15 yrs DUE TO |
| any e | | Conditions, if ony, which are to immediate (b) |
| 2 | z | cause (a), stoting the under- tying cause last. (c) (c) |
| | HCATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO |
| 5 | L CERTI | 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF BITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) |
| | MEDICAL | 20c. TIME OF INJURY Month, Day, Year Hour o. pt. Hour o. pt. p. m. 19 Of work |
| | | 21. I certify that I attended the deceased from and that death occurred at 7:40 f. M. from the causes and an the date stated above. |
| | | ACTUAL SIGNATURE Natur T. 1 (Less M.D. Cockey Soille Hd 12 March 191 |
| , v | | PHYSICIAN'S WALTER T. KEES |
|)s 2 2 | 220 | BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATORY BURIAL CREMATION, 22c NAME OF CEMETERY OR CREMATORY BURIAL CREMATORY BUR |
| | 23. | FUNERAL DIRECTOR'S SIGNATURE ADDRESS TOWSON 4, Md. 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE 3 17 57 WY & Linkway |
| | | |

BUBEAU V. &

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| 1 | | | | | | | | NT OF HEALT | | | 18 | | 025 | 72 |
|----------------------------|-----|-----------|---|---------------------------|-----------------------|---------------------------|----------|--|-------------------------|------------------------------------|---------------|------------|---------------------------|----------------|
| ation, | | | . 61 | 2582 ^ | AEDICA | L EXAMIN | ER'S | CERTIFICA | TE OF | DEATH | Reg. I | Dist. Na. | | 45 |
| crema | | | PLACE OF DEATH | ltimore | | MARY | LAND | 2. USUAL RESIDENCE (G. STATE MCL. | Where deced | sed lived. If Institution b. COUNT | ry _ | dence befo | | on) |
| Page 1 | | | ond give nearest town) | outside corporate limits, | write RURAL | c. LENGTH OF STAY | IN 1b | c. CITY OR TOWN (| If autside cor | porote limits, write | | | | .) |
| irector es. prior to | 00 | - | | L OR INSTITUTIO | N (If not in hosp | ital, give street address | 5) | d. STREET ADDRESS | mald 64 | 7 71.2 | | | 6. IS RESII ON A I | FARM? |
| our file istrar p | | 1 | NAME OF DECEASED (Type or print) | | First | Middle | | Last | ncliff 4. DATE OF | Mont | h | Day | Year | ır |
| for y | | - | SEX . | | Edward CE 7 MARRIE | Michael NEVER MARRIED | | DATE OF BIRTH | DEATH | 9. AGE (in years | IF UNDE | R TYEAR | 19 IF UNDER | 57 24 HRS. |
| ined # | | 100 | Male | 1 | WIDOWED | land 1 | | . J | | lost brithday) | Months | Doys | | Vin. |
| be reto | 1 | 1100 | during most of working | N (Give kind of wo | ork done 105. Ki | none | INDUSTI | Trait for | or foreign | country) | 12. €1 | TIZEN OF | WHAT CO | DUNTRY |
| S L | I | 18. | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | | 2 | | | 4 | |
| e pod e | - | 15. | WAS DECEASED EVE | R IN U. S. ARMED | FORCES? 16. S | OCIAL SECURITY NO. | 17. IN | IFORMANT Do | Trees De | Address | | | | |
| | | | | | | *.~4. | .746 | n 0 F. | 7 | | | | | |
| P.W. | | | 18. CAUSE OF DEATH PART I. DEATH | WAS CAUSED BY | (i Dom: | | 10 t | o volvulus d | £ | 17 4 | 4 | ONSET | YAL BETWEEN YAND DEATH | |
| forn forn sit p | | | 570.3 | MMEDIATE CAUSE | (0) | TOOTHULD U | 10 0 | O VOIVALUS C | it sura. | rr Turear | 1.11 e | | | |
| With Milton | | | Conditions, if an | | (b) | | | _ | | | | | | |
| along | | | (a), sloting the ur | | TO (c) | | | | | | | | | |
| sed as | 0 | CATION | PART II, OTHE | R SIGNIFICANT C | ONDITIONS COL | NTRIBUTING TO DEATH | 1 BUT N | OT RELATED TO THE TERM | INAL DISEAS | E CONDITION GIV | /EN IN PA | | PERFORM | ITOPSY AED? |
| be o | | CERTIF | 200. EXTERNAL CAUS PRIMARY OF CON CAUSE OF DEATH. | E WAS TRIBUTING | 20b. DESCRIBE | HOW INJURY OCCUR | RED. (Er | nter noture of injury in Por | rt or Port | of item 18.) | | | | |
| 3 shaule | | MEDICAL (| 20c TIME OF INJURY | Month, Day, | White | Not while | e. PLAC | E OF NJURY (Home, forry, street, office bldg., etc | n. 20f. (City | y or lown) | (Co | ounty) | . (| (Stote) |
| Page | | | | | | | | ve, held an Autops | | nspection [] | Inqui | ry 🔲, | ond fin | nd that |
| | | | deoth resulted | rom: Nature | ol couses K | , Accident [], | Suic | ide [], Homicide | e 🔲, U | ndetermined o | couse [|]. | | |
| DIREC | + , | | ACTUAL SIGNATURE | William ! | South | | | _M.D. CHIEF MEDICAL E | XAMINER [| | | | DATE SICE | KED |
| ERAL noval. | eC. | | EXAMINER'S NAME (Type) W | illiam V | Loviti | - In H | D | ASSISTANT MEDICAL | | | | 0.10 | de a | |
| FUN. | | 220 | BUR AL, CREMATION | | | ZZC. NAME OF CEMETE | | | - | TION (City, town, | or county) | 3/8 | (Stote) | |
| 400 | | 22 | REMOVAL (Specify) | March | -11-57 | HELY Cr | 255 | Cometery | | | A.C | 0. | ma | 4 |
| 15ME(5) | | 23. | FUNDERAL DIRECTOR'S | SIGNATURE | 0 | ADDRES) | | 24o. REC | D BY REGIST | RAR 245, REGI | STRAR'S SI | GNATURE | 10 | |
| w 9/55 | | | | 700.9 | | <u> </u> | r V | | K ± | = 130 - 6 | and | 1 ou | ine | 8- |

S. y Carrie

DE GEOVERN

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02583 CERTIFICATE OF DEATH

Reg. Dist. No. 1257337

| | | | | | | | | | | 110. | |
|--|--|--|-----------------|---------------------|----------------|--|-------------------|----------------------|----------------|------------|----------------------|
| PLACE OF DEATH COUNTY TO THE TENT OF THE T | | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) b. COUNTY. | | | | | |
| | | Baltimore | | · | | Maryl | - No. of the Lot | | Baltim | | |
| ь. | CITY OR TOWN RURAL and give | | | c. LENGTH OF STAY | IN 1b | c. CITY OR TOWN (If | outside corpo | role limits, write I | URAL and give | neares) to | own) |
| | ural | Pikesvil | | 15 vrs | | Rural | Pike | sville | | _ | |
| d. | NAME OF HOSP OR INSTITUTION | ITAL (If not in hospital, | give street | address} | | d. STREET ADDRESS | | | | e IS I | RESIDENCE |
| | OK INSTITUTION | | | | | 4114 Colby | Road | | | | A FARM? |
| N/ | AME OF CEASED | Fi | irst | Middle | | Last | 4. DATE OF | Mor | ith | Day | Yeor |
| | rpe or print) | Araminta | | Matilda | a | Comegys | DEATH | March | 6. | | 1957 |
| 5E) | K | 6. COLOR OR RACE | 7. MARI | ELED NEVER MARRIE | 0 | B. DATE OF BIRTH | | 9. AGE (In years | IF UNDER 1 Y | | IDER 24 HRS |
| R | emale | White | WIDOW | ED DIVORCE | | June 13.18 | 63 | OS Auz | Months Da | iys Hou | rs Min |
| | | | done 10b. | KIND OF BUSINESS O | R INDUS | STRY 11 BIRTHPLACE (Stote | | | 12. CITIZE | N OF WH | AT COUNTR |
| C | ~ ~ | | d) | | | | | | | | |
| | | sewife | | | | Maryla | | | U.S | A. | |
| . FA | THER'S NAME | | | | | 14. MOTHER'S MAIDEN I | AME | | | | |
| | ben | iamin J. 1 | Brook | CS | | Sarah An | n Der | nis | | | |
| . W | AS DECEASEDEN | ER IN U. S. ARMED FOI | RCE57 16. | SOCIAL SECURITY NO. | . 17. li | NFORMANT | | Add | ress Pi | kesv | ille |
| 43, 11 | no | none | | none | 35 | r. W. Carro | 77 0 | megvs. | 1,771 | Colh | T Rd |
| | | ATH (Enter only one c | | | | La Wa WULLU | | MAEY S. | 1 1 1 | INTERVAL | <u> </u> |
| - 1 | gove rise to couse (o), stating lying couse lost PART II. O | the under- | c} | CONTRIBUTING TO DEA | ATH BUT | NOT RELATED TO THE TERM | 15 INAL DISEAS | E CONDITION GIV | /EN IN PART 1(| | S AUTOPSY FORMED? |
| | F EITHER, NOTIF | AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER) | | | | D. (Enler noture of injury in | | | | | |
| 20 | De, TIME OF INJU Hour a. m. p. m. | 10 | White of wor | Not white | 20e. PD foo | ACE OF INJURY (Home, farm story, street, office bldg., etc. | o, 20f. (City | or town) | (Cou | nly) | (Stote) |
| AS | I. I certify the live an account of the live an account of the live and the live an | Maria 6 | deceas 18:4 | illen | 72) | occurred at 1251 R4 | M, from | | and an the | | |
| _ | | ON, 226. DATE THERE | OF | 22c. NAME OF CEME | TERY O | R CREMATORY | 22d. LOCA | ION (City, town, | or county) | (5 | tote) |
| - F | EMOVAL (Specific | March (| 9.19 | 7 Tours | m m | ark Cemeter | 7 | Baltimo | 20 1 | arv] | nna |

BUREAU & 2

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





YS A15 (4 15M 9/55



ENKEYN A. 2

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY b COUNTY ochemono MARYLAND b. CITY OR TOWN (if outside corporate limits, write c. CITY OF TOWN (If pulside corporale limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRES e. IS RESIDENCE OR INSTITUTION Smith ave. YES NO F NAME OF First DATE Middle Lost Dov Year DECEASED (Type or print) DEATH 192) 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) Months Days Hours WIDOWED [7] DIVORCED | yrs. 100. USUAL OCCUPATION (Give kind of work done 10% KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 10 **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? recupareses Hemarkage with & YES NO KI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. rt. While Not while at work al work p. m. 1956, to March 72, 1957, that I last saw the deceased 21. I certify that I attended the deceased from Jana and that death occurred at 5.00 A.M. from the causes and on the date stated above alive on ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 055 Bit FUNER. 27c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 22b. DATE THEREOF 224 LOCATION (City, town, or county) (State) REMOYAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTEÁR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BEVN A' Z'

WB 50 TUPL



255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH please exe. Rea, Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY BAT to . Md. Raltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give nearest lown Balto. Highlands, Balto. 27. Md Life Balto. Highlands d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2811 Florida Ave. Florida Ave. 3. NAME OF Middle DATE DECEASED Mch-(Type or print) DEATH Francis David Custv 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . B. DATE OF BIRTH 9. AGE ttn vence IF UNDER TYEAR IF UNDER 24 HRS. Months June 15,1901 WIDOWED DIYORCED [Male White 100. USUAL OCCUPATION (Give kind of work done 1967K/ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? g mast of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 10 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURATI NO. 17. INFORMANT 2811 Florida Ave. Annette Custy . Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Acute cardiac failure gave rise to immediate couse DUE TO (a), sloting the underlying Cardio Vascular disease couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HIDITIA, WAS AUTOPS 6 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Month, Day, Year 120f. (City or town) (County) factory, street, office bldg., etc.) While Not while O. m. at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection Inquiry death resulted from: Natural causes & Accident . Suicide . Homicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER PD SIGNATURE forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER | March 23, 1957 Geo. S. M. Kieffer . M. NAME (Type) DEPUTY MEDICAL EXAMINER 220 BURIAL, CREMATION, 226. DATE THEREOI NAME OF CEMETERY OR CREMATOR 22d. LOCATION! (City town, or county) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S S GNATURE VS ATSME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0257

e. IS RES DENCE ON A FARM?

YES TI NO

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO [

I, and find that

DATE SIGNED

(State)

Atin.

BULLAN V. S.

BECEINED.

| | | | MENT OF HEALTH—BALTIMORE, 18 | 00540 |
|----|---------------|--|--|--|
| | | 02542 CERTIFIC | CATE OF DEATH Reg. D | (12578 4/ |
| | 1. | COUNTY Baltimore MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE LONG b. COUNTY O. C. | timore |
| | | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) 7 VPS | c. CITY OR TOWN (IF outside corporate timits, write RURAL and | |
| 13 | | 3. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 204 DETROIT Prence | d STREET ADDRESS 204 DETROIT A | ON A FARM? VES NO NO |
| | | NAME OF First Middle DECEASED Type or print) LEO Hous TiNE | CVOKERT DEATH MORTH | Day Year 27 19 57 |
| | S. | | | R 1 YEAR IF UNDER 24 HRS Days Hours Min. |
| 1 | 100 | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INCouring most of working life, even if retired) Painter House (Self Emp | | ITIZEN OF WHAT COUNTRY! |
| | 13. | Leo G. CYPHERT | 14. MOTHER'S MAIDEN NAME PANES McDongld | (1 |
| | | WAS DECEASED EVER IN U \$ ARMED FORCES? 16. SOCIAL SECURITY NO 17. no. of uphnown) [If yes, give war or dates of service] NONC | MRS. Charlotte R. Cyphert | (Above) |
| | | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OSC Lot | tie C. V. Deserval | INTERVAL BETWEEN ONSET AND DEATH |
| | CERTIFICATION | Conditions, if any, which) (b) Perrice are | a annia | 648 |
| | | gove rise to immediate cause (a), stating the under tying cause lost. | brid arthur to | 423 |
| 0 | | PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA | RT 1(0) 19 WAS AUTOPSY PERFORMED? YES NO |
| | I - | 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RED. (Enter nature of injury in Part I or Part II of item 18.) | |
| | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a. st. P. m. 19 While at work at work | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (County) (State) |
| | | 21. I certify that I attended the deceased from Helbalive on new 27, 1957, and that dec | th occurred of b. P. M. from the causes and on | last saw the deceased |
| 1 | | ACTUAL Stylow C. mochanoli | ADDRESS (Street, city or town, state), M.D. 6714 Holohol line Bot | hugh 22 haf 3-25 |
| 1 | | PHYSICIAN'S NAME (Type) | | |
| | | | OR CREMATORY 122d. LOCATION (City, town, or country) | Pennsulvania |
| | 23. | Moles Bush Burde, Derloth | MA PECO BY REGISTRAL PAB REGISTRAL'S S | Pelly |
| | | | | 100 |

DECEIVED.

BUREAU V. S.

VS A15 (4) 15M 9/55

| | (5) | MARYLAND | STATE DEPART | MENT OF HEAL | TH-BALTIN | MORE, 18 | U | 2579 | |
|------------|--|---|------------------------------|--|---------------------------|----------------------------------|-----------------|--------------|------|
| | | 0258 | O CERTIFIC | ATE OF DEA | TH | R | eg. Dist. No. | 30 | 5 |
| | 1. PLACE OF DEATH a COUNTY | KTIMORE | MARYLAND | 2. USUAL RESIDENCE o. STATE | (Where deceased live | ed. If institution: b. COUNTY | Res dence befor | e odmission) | |
| A. Carried | b. CITY OR TOWN (If our RURAL and gure neares | iside corporate limits, write | C. LENGTH OF STAY IN 16 | c. CITY OR TOWN | (If outside carporate | limits, write RURA | AL and give nea | rest fown) | |
| 1 | d. NAME OF HOSPITAL (OR INSTITUTION | If not in hospital, give stree $2ACAD$ | EMY RD | d. STREET ADDRESS | CADENS | , RD | , | ON A FARM | 8 |
| | 3. NAME OF DECEASED (Type or print) | EMMA | Middle | DARNELL | 4. DATE OF DEATH | Month MAR | Do, | y Year | ボーナノ |
| | 5. SEX 6. | COLOR OR RACE 7. MAI | RRIED NEVER MARRIED DIVORCED | B. DATE OF BIRTH | 876 | | UNDER 1 YEAR | Hours Min | |
| | 10a USUAL OCCUPATION (during most of warking | Give kind of work done 10k life even if retired) | O, H | DUSTRY 11. BIRTHPLACE (SI | ate or foreign countr | γì | 12 CITIZEN O | F WHAT COUN | TRY |
| r | 13 FATHER'S NAME BENJA | 4MIN 5 | WANN | 14. MOTHER'S MAIDE | N NAME | ANDE | | | |
| | (Yes. no. or unknown) | U. S. ARMED FORCES? 16 s, give war or dates of service) | | INFORMANT | nell (So | Address 502 | Arade | omer PA | |
| | PART I, DEATH V | Enter only one couse per VAS CAUSED BY: MEDIATE CAUSE (a) | | outsile. | 20.1. v S | 10 x 3. | INTE | RVAL BETWEEN | |
| | Conditions, if any, | DUE TO | * | discare W | the faule | ų | | 0 | |
| | gave rise to imme cause (a), stating the lying cause last. | diate (| | | | | | | |
| | PART II. OTHER S | | CONTRIBUTING TO DEATH B | UT NOT RELATED TO THE TE | RMINAL DISEASE CO | NDITION GIVEN | IN PART 1(a) 15 | PERFORMED? | |
| | PART II. OTHER S | NDERLYING (1) 206. DE CAUSE OF DEATH (1) CAL EXAMINER) | SCRIBE HOW INJURY OCCUR | RED. (Enter nature of injury | in Part I ar Part II a | f ilem 18.) | | | |
| | ZOC. TIME OF INJURY A Hour e. ji. p. m. | While | | PLACE OF INJURY (Home, f factory, street, office bldg., | arm, 20f. (City or felc.) | own) | (County) | (Sta | fa} |
| | 21. I certify that I | attended the decea | sed fram. May 1 | 19. ≦≥, ta_ | | e causes and | | | |
| | ACTUAL SIGNATURE | 7-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | in MI | 2 - 2 | ADDRESS (Street, | | | DATE SIG | |
| 7 | PHYSICIAN'S NAME (Type) | · Bery swin | Willen W | M.D. 2 5 3 | d 11 | 2m 7 C 1 A | 0 4 | 3-1-1-3 | 7 |
| | | MAR 4157 | | OR CREMATORY | 22d. LOCATION | (City, town, or co | ounty) | (Stale) | |
| | 23. FUNERAL DIRECTOR'S SIN | GNATURE 1 | ADDRESS | | EC'D BY REGISTRAR | 24b. REGISTRA | AR'S SIGNATUR | 1 A | |

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Z . V UASSENS

PECEIVED TOTAL

death.

HOSPITAL OR

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BUREAU K. E.

7561 98 AAM

MECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

. IS RESIDENCE ON A FARM?

YES NOT

1957

IF UNDER 24 HRS.

Hours

5 min

PERFORMED?

DATE SIGNED

NO X

(State)

YES 🗍

2 .V ULLIU

MAR 978

Macasay

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0258402591 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. delay is necessory, please ex-ral director. Page II should i PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY o. STATE **b. COUNTY** MARYLAND Baltimore Balto. b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Catonaville Pikesville Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Ridryay Nursing Home, Edmondson Ave Alden Rd. Pilresville YES NO 7 4. DATE Year DECEASED OF DEATH (Type or print) Annie Doberer 19 57 Mch. 5. SEX 6. COLOR OR RACE 7. MINIOR NEVER MARRIED 1 8. DATE OF BIRTH IFUNDER TYEAR 9. AGE (In years IF UNDER 24 HRS. and 3 to the lost by theory) Months Hours Min. Spending Conditions of the Condition of White 10a, USUAL OCCUPATION (Give kind of work dame 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Never Worked none Md . U. S. A. hours of ges 1, 2, s 5 may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME podes George J. Doberer Louisa List 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Charles A. Jones 7015 Alden Rd. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Acute Cardiac Failure PART I. DEATH WAS CAUSED BY: Hypertensive Cardiovascular disease IMMEDIATE CAUSE (a) alang with far DUE TO Fracture of the left leg. (Hib) Femur Conditions, if any, which) gove rise to immediate cause DUE TO (a), stating the underlying couse lost. Accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPS õ PERFORMED? Pin operation St. Agnes Hosp. Feb. 9.1' 57 NO ! 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 208; DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. out of bed, climbing over side of bed to use comode 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Month, Day, Year 20c. TIME OF INJURY (County) (Stote) factory, street, office bldg, etc.) While Not while factory, street, office bloom of work at work to all work to the street of the stree 3 A. E. M. Feb. 8.5719 Catonsville Balto. Co. Md. 21. I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry . and find that death resulted from: Natural causes _____, Accident ______, Suicide _____, Hamicide _____, Undetermined cause ______. the C DATE SIGNED ACTUAL cute the certific farworded to the O FUNERAL DIR CHIÉF MEDICAL EXAMINER SIGNATURE March 17,57. ASSISTANT MEDICAL EXAMINER | **EXAMINER'S** Geo. S. M. Kieffer M. D. DEPUTY MEDICAL EXAMINER NAME [Type] 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 Loudon Park Cem. Burial Balto. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(S) 5M 9755

BUREAU Y. E.

FLOI OS AAM

BECEIN ED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BOBEVO A. S.

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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02594 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 02587 Reg. Dist. No. 45

| | | | | | *** | | | | | | | | |
|-----|---|--|--------------|-----------------------------|--------|--------------------------------|---------|---------------|-----------------------------------|------------|------------|-----------|--------------------|
| 1 | PLACE OF DEATH | Baltimore | | MARYLA | | 2. USUAL RESIDENCE OF STATE PE | ce (W | | sed lived. If im b. COU | | idence be | fore admi | ssion) |
| | b. CITY OR TOWN (If and give nearest fown) | autoide corporate limits, write | RURAL | c. LENGTH OF STAY IN | 16 | c. CITY OR TOW | N (IF | outside cor | porate limits, w | rite RURAL | and give n | earest to | wn) |
| 1 | | dle River | | 6 mos. | | Wayn | les] | beze | 7" | | | | |
| . [| d. NAME OF HOSPITA | AL OR INSTITUTION (| f not in hos | pital, give street address) | | d. STREET ADDRE | | | | | | ON | A FARMA |
| ` _ | 341 | Endsliegh i | ve. | | | 248 🔻 | 7. 1 | yain | St. | | | YES | MO [] |
| | 3. NAME OF DECEASED | fic | a† | Middle | | Last | | 4. DATE OF | М | onth | Doy | Y | 109 |
| | (Type or print) | Carrie 1 | ientze | r Durst | | | | DEATH | March | | | | 957 |
| | S. SEX | 6. COLOR OR RACE | 7. MARRIE | D NEVER MARRIED | 3 8. 1 | DATE OF BIRTH | | | 9. AGE (In year fast birthday) | Months | ER TYEAR | Hours | ER 24 HRS. Min. |
| | Female | White | WIDOWE | | | ov. 20, 1 | | | | rs. | | | |
| 1 | Oa. USUAL OCCUPATION during most of working | N (Give kind of work | done 10b. K | IND OF BUSINESS OR IN | DUSTRY | 11. BIRTHPLACE (S | State | or foreign | country) | 12 0 | ITIZEN O | F WHAT | COUNTRY |
| / | Housew | | F | stired | | Penna. | | | | - 1 | J.S.A | | |
| 4 | 13. FATHER'S NAME | | | | | 14. MOTHER'S MAID | EN N | AME | | | | | |
| | Wil | liam Mentz | er | | | Mai | гу | Jane | Royer | | | | |
| | 15. WAS DECEASED EVI | ER IN U. S. ARMED FO | | SOCIAL SECURITY NO. | | ORMANT | | | Add | | | | |
| | NO | ,,,,, | | 204-017-169 | Ar | thur J. Du | urs | t 341 | Endsle | igh Av | re. | | |
| F | 18. CAUSE OF DEAT | TH [Enter only one cou | se per line | for (a), (b), and (c). | 1 | | | | | | | RVAL BETW | |
| 1 | PART 1. DEAT | H WAS CAUSED BY: IMMEDIATE CAUSE (o) | H- | S-C-V. | D. | Islaal | _ | | | | - | | |
| ı | Jr. | DUETO | | | | | | | | | | | |
| 1 | Conditions, if a | ny, which) (b) | 1 | | | | | | | | | | |
| 1 | gave rise to immed (a), stating the | liote couse | | | | | | | | | | | |
| 1 | couse last. | (c) | | | | | | | | | | | |
| 1 | Z LEART II. OTH | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? | | | | | | | | | | | |
| | 3 PARN | 101045 | H | Nemin | | | | | | | | YES 🗌 | NO |
| | PRIMARY OF COLOR | 20g. EXTERNAL CAUSE WAS 20b. DESCR.BE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) CAUSE OF DEATH. | | | | | | | | | | | |
| | 3 20c. TIME OF INJUI | RY Month, Doy, Ye | or 20d. | Not white | FLAC | OF INJURY (Home, | , farm, | 20f. (Ci | y or town) | (| (County) | | (State) |
| | | 19 | at wo | orly at work | | | | <u> </u> | | | | | |
| | 21. I certify th | iat I took charge | of the | remains described | abov | e, held on Aut | sqoi | / 🔲, | Inspection | Inq | uiry 🔼 | and | find tha |
| | death resulted | from: Natural | causes [| Accident . | Suic | ide 🔲, Homi | icide | [], L | Indetermine | d cause | □- | | |
| 1 | | mas | X . | wih. | _ | | | | | | | DATE | SIGNED |
| | ACTUAL SIGNATURE | 11/2/ |) a | an - | 2 | M.D. CHIEF MEDIC | AL EX | AMINER [|] | | 01 | / / | 3101675 |
| | | 10 B | 4 | 44 | | ASSISTANT M | HEDIC/ | AL EXAMIN | ER 🗍 | | 3/4 | 150 | , _ |
| 1 | EXAMINER'S NAME (Type) | 11.12. Dr | 7/15 | 111 () | | DEPUTY MEDI | ICAL E | EXAMINER | | | // | 1 | |
| f | 22a. BURIAL, CREMATIC | N, 226. DATE THERE | OF . | 22c. NAME OF CEMETER | | | | | ATION (City, to | | | (Ś10 | te) |
| | POMOVAL (Specify) | 3-5-195 | 7 | Greenhill | Cem | | | | Vaynesbo | oro, P | enna | • | |
| | 23. PONERAL DIRECTOR | S CHATURE A | wil | ADDRESS | | 24a. | REC'I | BY REGIS | STRAR 24b. R | EGISTRAR'S | SIGNATU | RE | |
| - | | Bruzdzinsk | i 1407 | Eastern Av | Ð. | DAT | TE / | 5737 | 7 | civil | Mu | rley | |

BUNEAU V. S.

MAR 15 155

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



7861 11 8A1:



| | | MARYLAND STATE DEPARTMEN | NT OF HEALTH—BALTIMORE, 18 | 09500 |
|---------------|----------|---|--|--|
| 2 | 1 | 62596 CERTIFICAT | TE OF DEATH Reg. Dis | 0258937 |
| | 1. | PLACE OF DEATH COUNTY Baltimore MARYLAND | usual residence (Where deceased lived. If institution: Residence a. STATE MARYLAND & COUNTY WORD | e before admission) ESTER |
| - | | b. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town) Italian | c. CITY OR TOWN (If outside corporate limits, write RURAL and g | ive nearest town) |
| 4 " A. | | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION It. Wilson State Hospital | d. STREET ADDRESS SAME | e. IS RESIDENCE ON A FARM? YES NO |
| | | NAME OF First Middle CREASED (Type or print) CROVER | ELLIS 4. DATE Month OF DEATH MARCH | Day Year 7 1957 |
| | | MALE WHITE WIDOWED DIVORCED C | 6-8-1892 last birthday) Months | TYEAR IF UNDER 24 HRS. Days Hours Min. |
| a V | | USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) FISHER MAN SAME | GREENBACKVILLE, Va 2 | ZEN OF WHAT COUNTRY? |
| >) | 13. | CHARLES ELLIS | MOLLY Bowler | |
| | | WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INPO OF Unknown) [If yes, give wor or defea of service] 2/11-16-4/3/ Hos | primant Address spital records, At' Wilson Stat | e Hosnital |
| | | 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Or one by Ulivo: | mbosis | INTERVAL BETWEEN ONSET AND DEATH Amonths |
| | | Conditions, if any, which) DUE TO arterio sceler | olis | |
| | | gave rise to immediate couse (a), stoting the <u>under-lying cause last.</u> DUE TO (c) | | |
| 0 | CATION | PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OSIS FAR ADVANCED | 1(a) 19. WAS AUTOPSY PERFORMED? YES NO K |
| | CERT, FI | 206. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | Enter nature of injury in Part I or Part II of item 18 } | |
| | MEDICAL | | E OF INJURY (Home, farm, y, straet, office bldg., etc.) (City or town) (C | ounty) (State) |
| | | 21. I certify that I attended the deceased from 10/10 | , 1957, to 3/7, 1957, that I I | ast saw the deceased |
| | | IACTUAL 10 1 V 4 7 A 1// c | ccurred at M, from the causes and on the | DATE SIGNED |
| i. | | PHYSICIAN'S William Newconer, M.D. Surt. | Mt. Wilson, Mar/land | |
| í | 7 | BURIAL CREMATION, 226 DATE THEREOF 226 NAME OF CEMETERY OR CI | | (State) |
| | 23. | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 1240 REC'D BY REGISTRAR 246 REGYRAR'S SIG | NOURE A DO |
| 400 | | way (vinne, small all) | My Date 1 Norott | y vewello |

BUREAU V. ?

JEWESSEN See II AAM

VS ATS (4) 15M 9/55

8 02590 Reg. Dist. No. 33

| PLACE OF DEATH) SO COUNTY Ballimin MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE STATE STATE O. STAT |
|--|--|
| b. CITY OF JOHN LIE outside corporate limits, write RURAL and give nearest towns. Hereby Consultation of the state of the | CITY OR TOWN (If guiside conforale limits, write RURAL and give nearest town) |
| d NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION Tanener The | J. STREET ADDRESS e. IS RESIDENCE ON A FARM? / YES NO |
| 3. NAME OF DECEASED (Type or print) First Middle Eliza | Last DATE Month Day Year OF DEATH March 22 1957 |
| 5. SEX T. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED | 8. DATE OF BIRTH Suffice 14, 1819 9 AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Mours Min. |
| 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during men of working life, even if refired) The state of | may lange & SA. |
| 13. EATHER'S NAME) | May Elle amacol |
| (Yes, no, or unknown) (1) yes, give war or dates of service) | neida Elserand, Reistenting Ml |
| 18. CAUSE OF DEATH [Enter only one cause per line fol (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) | Theresidane Interval Setween ONSET AND DEATH of Care |
| Conditions, if ony, which | udio Rend Carely Desire ? |
| gave rise to immediate catse (a), stating the underlying cause lost. DUE TO (c) Freienly | 1 Culinachused |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | PERFORMED? |
| OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | D. (Enter nature of injury in Part 1 or Part II of item 18.) |
| 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 40 Mile Not while for most of work 19 of w | ACE OF INJURY (Home, farm, ctory, street, office bidg., etc.) (City or town) (County) (Slote) |
| 21. I certify that I attended the deceased from Jujust alive on March. 19, 18, J., and that death | 1, 1951, to March 22, 1957, that I last saw the deceased accurred at 1/10 M; from the causes and on the date stated above. |
| ACTUAL BIGNATURE OF SHEET STATES | M.D. Hay Select City of lown, store) ADDRESS (Street, city of lown, store) 3/2/1-1 |
| PHYSICIAN'S SOSEPH E. Bush 190 | HAMPSTEAD Morgland |
| 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF THE STATE OF THE S | R CREMATORY 22d LOCATION (City, town, or county) (Stote) |
| 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE |

BUREAU V. R.

OBAIROENA SIN

| tems 18&20 Film 213 4/4/57 ame CERTIFIC | MENT OF HEALTH—BALTIMORE, 18 CATE OF DEATH Reg. Dist. No. |
|--|--|
| PLACE OF DEATH O. COUNTY Balto. MARYLAN | 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY |
| b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Baltimore VO/ |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Augsburg Lutheran Home | d. street address 3612 Gwynn Oak Ave. e. 15 RESIDENCE ON A FARM? YES NO |
| 3. NAME OF First Middle DECEASED (Type or print) ET.EANORA MARTE. | tost 4. DATE Month Day Yeor OF DEATH Mar. 17 19 57 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN during most of working life, even if retired) | DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | 14 MOTHER'S MAIDEN NAME |
| | Unknown Address Penna. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (p), (b), and (c).] | Mr. Harry J. Engel - 129 N.19th St. Camp Hill |
| HACO O DUE TO Conditions, if any, which against the immediate (b) | DAGIELII BUNGISIVII. F. ANTA. |
| lying cause last. Due to Sentyulu | in arterio - felerino 5 ms. |
| \$ 17.7 Second degree burns | PERFORMED? YES NO NO |
| TO [IF ETHER, NOTIFY MEDICAL EXAMINER] | time |
| TEL ManaOn a se an amaian access // | PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) USSBURG Home Balto. Co. Maryland |
| 21. I certify that I attended the deceased from July and that de | ath accurred at |
| ACTUAL SIGNATURE Paul & Chamber | M.D. 4108 fiberty 1th. Buttimers 9-my 3-19- |
| PHYSICIAN'S Edyl L. Chambers. | - 4105 Liberty 11th - Bulto-7-m1 - |
| REMOVAL (Specify) Burial 3/20/57 St. Pa | ulis Cem. Violetville Md. |
| 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS | 240. REC'D BY, REGISTRAR 246. REGISTRAR'S SIGNATURE Martin |
| | PLACE OF DEATH O. COUNTY Balto B. CITY OR TOWN Iff autside carporate fimits, write RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AUGSBURG Lutheran Home 3. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AUGSBURG Lutheran Home 3. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AUGSBURG Lutheran Home 3. NAME OF FITE Middle TORGED T |



7261 08 9AM



VS. A15ME(5)

| MARYLAND ST | ATE DEPARTME | NT OF HEALTH-BA | LTIMORE, 18 |
|--------------|-------------------|-----------------|-------------|
| 02599MEDICAL | EXAMINER'S | CERTIFICATE OF | DEATH |

02592

Reg. Dist. No.

| 1. | PLACE OF DEATH O. COUNTY Bit Kleiner a County MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore |
|---------------|--|--|
| | b. CITY OR TOWN (If our ide carporate limits, write RURAL and give pectes) form) | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) |
| | Overlea | White Marsh |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | , d. STREET ADDRESS . IS RESIDENCE |
| L | 1 Overlea Avenue | White Marsh Road YES 2 NO |
| 3. | NAME OF DECEASED. First Middle | Lost 4. DATE Month Day Yeor |
| | (Type or print) Lis (Ny) Doys Car | 1700 DEATH March 23, 19 57 |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | lost berthday) Administration Marine Marin |
| L | | reD _e 10,1701 yrs. 1 1 |
| 10 | to, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | Baltimore, Maryland USA USA |
| 13 | 3. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | John Fields | Phyllis Beard |
| 1: | | INFORMANT Address |
| Ľ | es, no, or unknown) No None (If yes, give wer or dates of service) None F | amily records |
| Г | 18. CAUSE OF DEATH [Enter only one cause per line for fe], (b), and (c).). | INTERVAL BETWEEN ONSET AND DEATH |
| | PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | men yanvia |
| | 491X DUE TO | |
| | Conditions, if ony, which) (b) | |
| | gove rise to immediate couse (o), stating the underlying DUE TO | |
| Ł | couse lost. | |
| Z | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY |
| ICATIO | | PERFORMED? YES NO |
| CERTIFICATION | | Enter nature of injury in Part 1 or Part 11 of stem 18.) |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL | ACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) |
| WED | Hour o. m. While Not while for p. m. 19 of work ot work | tory, street, office bidg , etc.) |
| | 21. 1 certify that I taok charge of the remains described abo | ove, held an Autapsy Inspection , Inquiry , and find the |
| | death resulted from: Natural causes Accident , Su | |
| | The state of the s | |
| | ACTUAL AS ISSI. (Day) | M.D. CHIEF MEDICAL EXAMINER DATE SIGNED |
| 4 | SIGNATURE // / / / / / / / / / / / / / / / / / | M.D. CHIEF MEDICAL EXAMINER DEC |
| | EXAMINER'S NAME (Type) | DEPUTY MEDICAL EXAMINER 3 -23-57 |
| 22 | BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF | |
| | Burial Mar. 25, 1957 Prospect Hill | Cemetery Towson Maryland |
| 75 | FUNERAL DIRECTOR'S SIGNATURE/ ADDRESS | RANGECO BY REGISTRAR 1 246 PEGISTRAR'S SIGNATURE |
| 1/2 | The Derice Sour Towson, Mary | yland Park |

EEVA A 8.

May and and

CERTIFICATE OF DEATH

1259344 .
Reg. Dist. No.

| PLACE OF DEA | TH Baltimøre | | MARYLAI | - 15 | o. STATE | er (who | | b. COUNTY | | - | dmission) |
|--|---|------------|--|----------|---|------------|---------------|---------------------------------|--------------|-------------|--------------------------|
| b. CITY OR TO | WN (If outside corporate limi | ls, write | e. LENGTH OF STAY IN | 1b | | | | rote limits, write 8 | RURAL ond g | ive nearest | town) |
| Fort Ho | give necrest town) | | 16 days | | Baltimo | ore | | X. | | | |
| d NAME OF H | OSPITAL (If not in hospital, g | ive street | address) | | d STREET ADD | RESS | | 1 | | *. IS | RESIDENCE |
| Veterans | Administration | n Ho | spital | | 9735 Ha | cford | Road | | | | S NO D |
| 3. NAME OF DECEASED | Fie | | Middle | | Lost | | 4. DATE OF | Moi | nth | Day | Yeor |
| (Type or print) | JAME | | J | | FINN, | SR. | DEATH | March | | 9 | 19 57 |
| 5. SEX | 6. COLOR OR RACE | | RIED NEVER MARRIED | _ | DATE OF BIRTH | | | 9. AGE (In years last birthday) | | | JNDER 24 HRS |
| Male | White | WIDOW | The state of the s | | 11/26/1 | 0 | | 46 yrs. | | | |
| during most a | PATION (Give kind of work of working life, even if retired | done 10b. | KIND OF BUSINESS OR I | NDUSTRY | 111. BIRTHPLAC | E (Stole o | or foreign co | iuntry) | 12. CITI | ZEN OF W | HAT COUNTRY? |
| | ffeur | | Contractor | | Mary | | | | U. | S.A. | |
| 13. FATHER'S NAM | 38 | | | 1 | MOTHER'S M | AIDEN N. | AME | | | | |
| John F | | | | | Agnes | 3 Hi | nes | | | | |
| 15. WAS DECEASE | DEVER IN U. S. ARMED FOR | farmer | | 17. INFC | RMANT | | | Add | Iress | | |
| Yes | WITT | 21 | 4-18-3840 | Clir | Rec. V | ets. | Admir | Hospita | 11. Ft | Howa | rd.Md. |
| | F DEATH (Enter only one co | use per li | ne for (a), (b), and (c).] | | | | | | | | AND DEATH |
| PART | I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o | H | ODGKINS DISE | ASE | VISCERAI | GEN | IERALI | ZED | | | NOWN |
|)/X | DUE TO | | | | | | | | | | |
| | if ony, which) (b | B | RONCHOPNEUMO | NIA | RIGHT LA | TERA | L | | | UNI | CNOWN |
| | to immediate DUE TO | | | | | | | | | | 14 2471 |
| lying couse | |) | | | | | | | | | |
| PART I | OTHER SIGNIFICANT CON | | CONTRIBUTING TO DEATH | BUT NO | T RELATED TO TH | IE TERMIN | VAL DISEASI | CONDITION GIV | VEN IN PART | 1(o) 19. W | /AS AUTOPSY ERFORMED? |
| 3 | | | | | | | | | | | M NO [|
| PART II 20g. ACCIDEN OR CONTRIBL III EITHER, NO | IT WAS UNDERLYING INTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY OCCI | URRED. (| Enter noture of in | jury in P | ort I or Port | Il of item 18.) | | | |
| | NJURY Month, Day, Yes | ne 204 II | NJURY OCCURRED 20 | e PLACE | OF INJURY (Hor | na form | 20f (City | or town) | 10 | (yinud | (State) |
| Hour d | 5. m. | While | Not while | foctor | y, street, office bl | dg., etc.) | 1 201 (611) | or rown, | (C) | ouniyi | (sidie) |
| - | Σ, m, | _ | k al work | | | | | 4- | | | |
| | y that/Aattended the | | | | | | | | | | |
| adizexex | 2000 000000000000000000000000000000000 | | XXXXX and that de | eath o | corred at 1 | | | | | e date s | |
| ACTUAL | K. 1 0-1 | 1) 1 | 1. 1.10 | | | | | reet, city or town, | | | DATE SIGNED |
| ACTUAL SIGNATURE | Johana P | -/ | CAUN XO | 22 M.D | . Vater | ans i | Admini | stration | 1 Hosp | Ltal | 3/9/57 |
| PHYSICIAN'S NAME (Type) | ROLANDO D. P | ONCE | DE LEON, M. | D. | Fort1 | lows | ndMe | | | | |
| 220 BURIAL, CREA | AATION, 226. DATE THEREC | F | 22C NAME OF CEMETER | RY OR C | | | | ION (City, town, | | | (State) |
| REMOVAL (Sp. Buria | | 57 | Mount Mari | e Ce | meterr | | Top | son. Mar | rvland | | |
| | CTOR'S SIGNATURE | / | ADDRESS | | Carried State of the Control of the Control | la. REC'D | SY REGIST | | STRAR'S SIGI | NATURE | 10 |
| TRE GOOK T | TAME DIBUDAT | 11010 | THE COOK | | 1 D 1 D 0 | | 211/5 | 1 1. | | 14. | 7 |

funeral director, THESHITAL OF ATTENDING HYSICIAN: The law environment that the death centificate be executed within 21 hours often Reath: Mage may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the fipage 3 should be deferred for use as the byrial-transit permit. Then please remove carban papers. Pages 1 and 2 should the registrar prior to build, cremation, or remaval, and in any event within 72 hours offer, death. VS A1S (4) 15M 9/SS

ENBEVA R F

7861 SI 987

BECEIVE

| 1 | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|--|-----|--|
| . 6 . | | 026 1 CERTIFICATE OF DEATH |
| Page director | | 1. PLACE OF DEATH COUNTY Baltimore 2 USUAL RESIDENCE (Where deceased lived. (f institution Residence before admission) COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE (Where deceased lived. (f institution Residence before admission) COUNTY Baltimore |
| death. | | b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) |
| offer of the fu | 7. | Middle River d. NAME OF HOSPITAL (If not in hospital, give street oddress) or INSTITUTION d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? |
| hours in by and 2 | 7.0 | IVY Hall CONV. HOME YES NOW |
| in 24 filled ges 1 | | (Type or print) George F. Fisher DEATH March 12 19 5 |
| d with detely s. Po | | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HIS Months Doys Hours Min 1897 1999 |
| executed nd cample in papers, death. | 1 | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) Laborer 12. CITIZEN OF WHAT COUNTRY Laborer Waryland U.S.A. |
| | , | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME |
| physician physician prove car | = 1 | Michael Fisher Mary C. Lay 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Box 16 |
| ling p | E) | No Henry R. Fisher White Marsh, Md. |
| es that the death certificate be do by the attending physician a mit. Then please remove carbo any event within 72 hours after | | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) |
| bat the y the . The | | DUE TO |
| | | Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse last. |
| ysicion. ysicion. been si transit al, and | | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? Cachexia advanced yes no 0 |
| N: The ding ph ate has e burial | | Cachexia advanced YES NO (200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DI CAUSE OF DEATH OR CONTRIBUTING DI CAUSE OF D |
| PHYSICIA al ar atten this certific r use as th emation, o | | 20c. TIME OF INJURY Month, Day, Year Hour E. Ft. P. m. 19 20d. INJURY OCCURRED Specification of work of two |
| NDING hospit dfer dfo | | 21. I certify that I attended the deceased from March 7 , 1957, to March 12, , 1957, that I last saw the decearative on Narch 9 , 1957, and that death occurred at 2 Po M, from the causes and on the date stated about 12 to 12 to 13 to 14 to 15 to |
| OR ATT | 1 | ACTUAL Marvey L. Fully M.D. Ridge Road Mar. 12 1957 |
| PITAL OR F relained ERAL DIR I should to | | PHYSICIAN'S Harvey . Fuller |
| may be FUNE poge 3 | | 20. BURIAL, CREMATION, 26 DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Stephoval (Specify) 3/1/57. St Paul Luthern R.D. Aberdeen, Md. |
| 2 ° 2 ° 2 | | 23. FONERAD DIRECTOR'S SHONATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| 15M 9/55 | | Jane 7. 6 abouting action (2005). DATE May 13-5-7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

BUREAU V. S.

BECEINE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02602

02595

| | Keg. Dist. 190. |
|---|--|
| 1. PLACE OF DEATH o. COUNTY Baltimore MARYL | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o- STATE Md. b. COUNTY Balto. |
| b. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest fown] Catonsville | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS . 501 Maryland Ave. |
| 3. NAME OF DECEASED (Type or print) / RMA FIRM No. | Folker 4. DAYE Month Day Year Polker March 14, 1957 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White WIDOWED DIVORCED | lost birthdoy) Months David House Min |
| 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | Butto mg. U.S. |
| Samer Mc Cann | 14. MOTHER'S MAIDEN NAME 17. INEORMANT Address |
| (If yes, give war or doles of service) | Frank Folker An |
| 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor pulmonale Chronic passive | congestion of lungs, liver |
| Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last. Conditions, if ony, which to and spleen to and spleen to and spleen to and spleen (c) | t disease |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING TO DESCRIBE HOW INJURY OCCURS CAUSE OF DEATH. | BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES: NO |
| | ED. (Enter noture of injury in Part I or Part It of item 18) |
| 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c Mour o. m. While Not while at work of work | PLACE OF INJURY (Home, farm, faclary, street, office bldg , etc.) 20f. (City or town) (County) (State) |
| 21. I certify that I took charge of the remains described death resulted from: Natural causes X., Accident, | above, held an Autopsy (C). Inspection [], Inquiry [], and find that Suicide [], Homicide [], Undetermined cause []. |
| SIGNATURE Welling More of | M.D. CHIEF MEDICAL EXAMINER (|
| EXAMINER'S NAME (Type) William V. Lovitt, Jr. | |
| 220 BURIAL CREMATION, 226 DATE THEREOF MOVAL (Specify) 3/8/5/7 23. FUNERAL DIRECTORIS SIGNATURE ADDRESS | of Balle mas. |
| Mar Babl- Dow | 240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please are cut the cartificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Configuration of Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECT Page 3 should be used as a buriol-transit permit. File-pages 1 and 2 with the registror prior to the configuration. 5M 9/55

100 P

VS A15ME(5)

ar removal.

2 .V UABRUG

DE ADDES

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02603 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02596

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence | before admission) |
|--|---|---------------------------------|
| O. COUNTY BALTIMORE MARYLAND | O. STATE MARYLAND 6. COUNTY BAL | TIMORE |
| b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 | a. CITY OR TOWN (If outside corporate limits, write RURAL and give | |
| EDCE MERE 15 15 YRS | X. EDGEMERS | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS | . IS RESIDENCE |
| 36 WILLOW AVE | 36 WILLOW ALE | YES NO |
| 3. NAME OF First Middle | Last 4. DATE Month D | Day Year |
| (Type or print) FLOYO JAMES A | -ORBES DEATH MARH 5 | 19 57 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED . | Inst hartiday | AR IF UNDER 24 HRS. |
| MILE WHITE WIDOWED DIVORCED | 1027 17 1905 37 yrs. Months Day | s Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS | TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN | OF WHAT COUNTRY? |
| during most of working life, even if retired) | VIRGINIA U. | S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| ALBERT L. FORBES | ADA PANDULAH | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. | NFORMANT Address | |
| (Yes, no, or unknown) (If yes, give wor or dates of service) | | 40 1 1 2 2 2 1 |
| 18. CAUSE OF DEATH [Enter only one cause per libe for (o), (b), and (c),] | | 47000 |
| PART I DEATH WAS CAUSED BY. | | NTERVAL BETWEEN HTASO ONA TERMO |
| IMMEDIATE CAUSE (0) | ceman | |
| 4001 DUE TO D COM | Coass | |
| Conditions, If ony, which gove rise to immediate course | N4926 | |
| (o), stoting the underlying DUE TO | | |
| couse lost. (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0 | 19. WAS AUTOPSY PERFORMED? |
| 13 | | YES NO |
| PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS FRIMARY Or CONTRIBUTING II CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (II | Enter nature of injury in Part I or Port II of item 18.) | |
| | | |
| Hour o. m. 19 While New Write of work | CE OF INJURY (Home, form, i 20f. (City or town) (County) ory, street, office bldg., etc.) |) (State) |
| | | |
| 21. I certify that I taak charge of the remains described abo | ive, held an Autopsy 🔲, Inspection 💹, Inquiry | , and find that |
| death resulted fram: Natural causes [2]. Accident [3], Sui | cide , Hamicide , Undetermined cause . | |
| m/s | | , |
| SIGNATURE / / D QUITO | | DATE SIGNED |
| 11 0 1 1 1 1 2 | ASSISTANT MEDICAL EXAMINER | 1100 |
| EXAMINER'S NAME (Type) | DEPUTY MEDICAL EXAMINER | 90/ |
| 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR | CREMATORY 22d. 10CATION (City, town, or county) | (S)(Ste) |
| REMOVAL (Specify) MAR 7.1950 GRAIGSVI | LLE CRAIGSVILLE V | /A |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 2404 REC'D BY REGISTRAR - 246. REGISTRAR'S SIGNA | |
| ULLRICH FUNERALHOME DIN DUN. | DALLE STEEL 3 951 Somes | w Lotacker |
| the state of the s | /// /// | |

VS. A15ME(5) 5M 9/55

or removal.

MEGELVED PRESCEIVED

BUREAU Y. S.



VS ATS (4) 15M 9/SS

| | | MAI | 0260 | STATE DEPA | | ATE OF D | | | TIMOR | | g. Dist. | 259 No. | 3/ |
|---------------|---|--|-------------------------------|----------------------------|------------------|---------------------------------------|----------------------------|------------------------|-----------------------|--------------|----------------------|-----------------------------|---|
| 1 | PLACE OF DEATH | alto. | | MARYI | LAND | 2 USUAL RESIDE | ence (who | ere deceased | | A SE MEN . | Residence I Balto | | ission) |
| | b CITY OR TOWN RURAL ond give Pikesvi | | limits, write | c. LENGTH OF STAY | IN 1b | c. CITY OR TO | wn (If o | | rate limits, 1 | write RURA | L ond give | nearest to | wn) |
| | | PITAL (If not in hospi | tal, give street | oddress) | | d. STREET AD | | Lane | | | | ON | ESIDENCE A FARM? |
| 3. | NAME OF DECEASED (Type or print) | E/ | First RL | Middle A e | | Lost FRANK | E | 4. DATE OF DEATH | | Month Mar | | Doy S. | Yeor 1957 |
| | sex male | whit | e widow | | | May A, | 188% | 5 | 9. AGE (In lost birth | | Onths Do | | DER 24 HRS. Min. |
| ĵ | Our USUAL OCCUPATION OF WINDOWS | orking life, even it re | rork done 10b. tired) | KIND OF BUSINESS OF | R INDUS | | CE (Stote o | or foreign co | ountry) | | 12. CITIZE | N OF WHA | AT COUNTRY |
| 13 | George | Franke | | | | 14. MOTHER'S A | MAIDEN N OULS | | | | | | |
| | S. WAS DECEASED ET | | | SOCIAL SECURITY NO. | | ev. Edmo | nd V | Gott | ier | | - | wn, M | |
| F | | EATH [Enler only o EATH WAS CAUSED IMMEDIATE CAU | RY. | ine for (a), (b), and (c)- | | int) | De | mo | sla | 12 | | INTERVAL I | BETWEEN |
| | Conditions, if gove rise to couse (a), statin lying couse tos | ony, which immediate g the under- | (b) (b) (c) | Carlo | es | tene | les | ~ **** | >>- | | | 34 | |
| CEDTIELCATION | PART II. () | THER SIGNIFICANT | CONDITIONS | CONTRIBUTING TO DEA | LTH BUT I | NOT RELATED TO | THE TERMIN | NAL DISEASI | CONDITIO | N GIVEN I | IN PART 1 | o) 19. WAS PERF YES [| S AUTOPSY ORMED? |
| | 1 | VAS UNDERLYING [IG [] CAUSE OF DE IY MEDICAL EXAMIN | 206. DES | CRIBE HOW INJURY O | CCURRED |). (Enter nature of | injury in P | ort I or Port | Il of item 1 | 8) | | | |
| MEDICAL | 20c. TIME OF INJU Hour o. m p. m | | Year 20d, I While of wa | Not while_# | 20e. PLA foci | CE OF INJURY (H. fory, street, office | ome, form, bidg., etc.] | 20f. (City | or town) | c | (Cou | nty) | (Stote) |
| | 21. I certify alive on | that I attended | the decease | | death | accurred at | 10 3 5 M | | the cau | ses and | on the | | e deceased ted abave. BATE SIGNED |
| | SIGNATURE | mu X | I S | affell | h | AD. | ece | tec | 2/10 | ليار | | nox | 3-4/3 |
| 2 | PHYSICIAN'S NAME (Typo) | ION. (22b. DATE TH | es C | 22c. NAME OF CEME | ell | CREMATORY | iste | F-13 1 | 01/ | KI | 4_ | B - | 11-57 |
|] | REMOVAL (Specific | " 3/12 | 2/57 | Dru | | didge Cem | | Pik | TON (City, 1 | la, in | d. | | ote) |
| 123 | S. FUNERAL DIRECTO | Ticleul | r Y. No | us - Ball | 50. | 17, Md. | DATE | BY REGIST | RAR 245 | GISTRA | KS SIGNI | 1 | · |

BUREAU V. &

7281 :1 9AM

BECEIVEL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02605 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY**b. COUNTY** MARYLAND br City Of TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION NAME OF Middle 4. DATE DECEASED (Type or print) DEATH STEPHEN RIGGS GTLDARD 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH DIVORCED T WIDOWED [77] 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME HE. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: CERGBRAL DYSGENESIS IMMEDIATE CAUSE (6) L'ONGENITAL DUE TO UNKNOWN CAUSES Conditions, if any, which gave rise to immediate DUE TO cause (a), stoting the under-POSSIBLE CEREBRAL INFARCTION lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a. n. While Not while ot work ot work p. m. 21. I certify that I attended the deceased from..... and that death occurred at 2 alive on__

e. IS RESPOENCE YES TO NO! Month Year March 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HPS Months Days 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH YEARS PERFORMED? YES NO P (County) (State) ______ 192 Z that I last saw the deceased P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d LOCATION (City, fown, or county) . (State) 245. REGISTRAR'S SIGNATURE

Reg. Dist. No.

10

23, FUNERAL DIRECTOR'S SIGNATURE

22h, DATE THEREOF

ACTUAL SIGNATURE PHYSICIAN'S

NAME (Type) 220 BURIAL CREMATION

REMOYAL (Specify)

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

E. FISHER

240. REC'D BY REGISTRAR

FLLICOT

BUREAU V. S.

BECEINE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2 .Y UAER

MAL 1958

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02607 CERTIFICATE OF DEATH

| Reg. Dist. | -0 | 25 | U, |
|------------|-----|----|----|
| Reg. Dist. | No. | 4 | U |

| | PLACE OF DEATH O. COUNTY Baltin | nore | MARYLAND | MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence be STAT Maryland b. COUNTY Balt | | ence before odmission) 1timore | | |
|--|--|---|-------------------------|---|-----------------------------|---|------------------|--|
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Phoenix, | | c. LENGTH OF STAY IN 16 | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Phoenix, rural x | | | | |
| 5 | d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION A York Rd. | | | old York | Rd. | on a farmy yes no4 | | |
| | 3 NAME OF DECEASED (Type or print) | Fred | Edward Edward | Graefe | 4. DATE Month OF DEATH 3-7- | 57 Neor Yeor 19 | | |
| | male v | white wipow | | 8 DATE OF BIRTH 1-27-1887 | last 8 (hiday) Months | R I YEAR IF UNDER 24 HRS Doys Hours Min | | |
| 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Tarm owner Tarm Maryland | | | | | or foreign country) 12. C | U.S.A. | | |
| | 13 FATHER'S NAME | | | 14 MOTHER'S MAIDEN NAME | | | | |
| | Edward Graefe Amelia ? | | | | | | | |
| | | J. S. ARMED FORCES? 16 give war or dates of service) | | NFORMANT | Address Theorem | * M.2 | | |
| | no none Mrs. Amelia Streett, Phoenix, Md. [18 CAUSE OF DEATH [Enter only one couse per fine far (a), (b), and (c)] [INTERVAL BETWEEN] | | | | | | | |
| 5 | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH | | | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH IN CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER | | | | | | | |
| | 4 m. Thur of hum | | | | | | (County) (State) | |
| 3 | 21. I certify that I attended the deceased from | | | | | | | |
| | PHYSICIAN'S NAME (Type) My Canyon Told | | | | | | | |
| | REAQYNISE TY | 3-9-57 | Evangellic | al Reform | Phoenix, Mary | | | |
| | 23 FUNERAL DIRECTOR'S SIGN | Stooks- | Towson, Md. | 240 REC DATES | 8-57 BM REGISTRAR SYS | SIGNATURE | | |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02698 **CERTIFICATE OF DEATH** Rea. Dist. No. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) d. STATE Maryland a. COUNTY b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town)
Fort Howard 22 Days Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Veterans Administration Hospital East North Avenue YES TO NO A NAME OF Middle Year OF DEATH March DECEASED 1957 GREESON (Type or print) JAMES L. IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years last birthday) Manths Days DIVORCED March 25, 1906 White WIDOWED | Male 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) School Maintenance Augusta, Georgia U. S. A. Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lester Greeson Carrie Malahev 5 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Yes, ho, or unknown) Clin.Rec. Vet.Adm. Hospital .Ft. Howard. Md. Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) TUMOR, METASTATIC, RIGHT LOBE OF GEREBEILUM UNKNOWN **MUEXO** CARCINOMA OF LEFT UPPER LOBE OF LUNG WITH Conditions, if ony, which ? gove rise to immediate X NUNE XX BILATERAL BRONCHOPNEUMONIA UNKNOWN cosse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(a) 19 WAS AUTOPSY PERFORMED? YES P NO | 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 120f. (City or tawn) Year (State) (County) factory, street, office bldg., etc.) Q. m. Not while of work at wark 21. I certify that Kattended the deceased from February 28, 19 57, to March 22 19 57 MANAGANANA CONTRACTOR XXXXXXXXXXXXXXX, and that death occurred at 12:110AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED VAH. FORT HOWARD, MARYLAND SIGNATURE PHYSICIAN'S PONCE DE LEON, M.D. NAME (Type) TO FORTHOWARD, MARYLAND 22b. DATE THEREO! 22a BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) poge REMOVAL (Specify) Hillcrest Cemetery Augusta. Georgia 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Telgair Sons SHIPPED TO · Augusta Georgia

0

BUREAU V. L.

KEGI CS AAM

BECEINTE



BUREAU V. S.

| 1 | | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|---|----------|---------|--|
| | 1 | | 02610 Baltimire Content CERTIFICATE OF DEATH Reg. Dist. No. 31 |
| director led with | Å, | 1 4 | LACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Stationary b. COUNTY b. COUNTY b. COUNTY |
| lovetrol 1 | * | Ł | CITY OR TOWNAIF outside corporate limits, write RURAL and give nearest town) RURAL and give pearest town) SMD C. CPY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| by the 1 | \$ | - | NAME OF HOSPITAL My not in hospital give street address) OR INSTITUTION A STREET ADDRESS ON A FARM? YES \(\sigma \text{NO} \) NO (A) |
| illed in | | | HAME OF LOST A. DATE Month Day Year OF DEATH MANLE 15 |
| o wirmin | | 5. \$ | 6. COLOR OF BACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH O AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS Institution I |
| executed and cample on papers death. | 1 | | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) U. BIRSHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY) |
| ician on e carbo | | 13. | Furdueau Shaw 14. MOTHER SWAIDEN NAME Ogelvie |
| ng physic a remave 72 boors. | -/ | | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Of the spire wor or dates of services 16. SOCIAL SECURITY NO. 17. INFORMANT OF THE BOX OF SOCIA |
| attendi ottendi in pleas t within | | | 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) [1] - CITTERY - Selevative Heart - ONSET AND DEATH |
| that the by the lift. The hy even | | | Conditions, if any, which DUE TO Cerebral Hemonthane - 2why. |
| requires on: signed sit perm nd in a | | | gave rise to immediate cause (a), stating the under- lying cause last. |
| physicie as been ial-tran | | CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO [7] |
| MR: The ending ficote has the bur | | | 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| PHYSIC al or att this cert use as emotian | | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have a. p. m. 19 While at wark at work 19 doctory, street, affice bldg., etc.] |
| hospiter the defended for | | | 21. I certify that I attended the deceased from Dec. 30, 1953, to Much 1, 1957, that I last saw the deceased alive on Tile 28, 1957, and that death occurred at M, from the causes and on the date stated above. |
| d by the RECTOR be defined to b | d | | ACTUAL Part A. Chambers M.D. 4108 filest 1th Balt my 3-2 |
| retaine RAL DIS shaufd | | | PHYSICIAN'S Farl Li Chambers - 4108-Liberty Hts Bolto-md-3-2-5 |
| may be of FUNE page 3 | ě | 1 | BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county), (Stote) |
| VS A15 (4) 15M 9/55 | . 4 | 23. | 1) Illuanie aloress factors signature address factored to by registrary 246. REGISTRAR'S SIGNATURE factored to bate 5 195 Andre Martin |
| | | | VA . |

Z.V UE.

PAIED.

02604/6 CERTIFICATE OF DEATH 02611 director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed If institution: Residence before admission) o. COUNTY o. STAT 9 **b. COUNTY** Baltimore MARYLAND Mary land b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Fore Howard 93 days Baltimore d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 4301 Elderon Avenue Veterans Administration Hospital YES NO NAME OF Middle 4. DATE Day Yeor DECEASED KENNETH (Type or print) GUYER DEATH March 19 57 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) Months Days DIVORCED [Male White WIDOWED papers yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? York, Pa. U.S.A. Disolay Artist and carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME O Fee physician Herbert Guyer Bessie Giessinger поле 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN UNKNOWN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION **DUE TO** permit. Conditions, if any, which (P) gove rise to immediate **DUE TO** catse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) o. m. White Not while at work al work 🔲 21. I certify that Aattended the deceased from December 20 156 March 23 ADDRESS (Street, city or lawn, state) SIGNATURE PHYSICIAN'S ROLANDO D. PONCE de LEON, M. D. VAH. Fort Howard, Md. 22b. DATE THEREOF 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State) REMOVAL (Specify) Burial Baltimore National Baltimore. Md. O 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Wm Cook-Blight Funeral Home, 5009 Harford Rd. 15M 9/55 Balto. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

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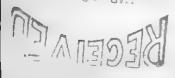
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. shauld 2. USUAL RESIDENCE (Where degrated lives. If Institution: Residence beforetodmission) PLACE OF DEATH o. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN III on and de pornomia hants, write RURAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (IF ide corporate fimits, write RURAL and give negrest town) d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? YES NO NAME OF DATE 4. Year Day PECEASED OF DEATH (Type or print) 1916 9. AGE (In years IF UNDER TYEAR IF UNDER 24 H COLOR MARRIED X NEVER MARRIED TE OF BIRTH Months Days Hours Mln. 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY COUNTRY? during most of working life, even if retired) CVI oug puo Lenk pe Sax Lway. xnress 13 FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages M age 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANI 16. SOCIAL SECURITY NO. Address File 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL ETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which) gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED2 NO 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING-CAUSE OF DEATH. Month, Day, Year-20e. PLACE OF INJURY (Bome, form, 20c. TIME OF INJURY 120d INJURY OCCUERED 20f. (City or town) (Stote) (County) factory, street, office bldg., etc.) Not while o. m. of Work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection K Inquiry , and find that death resulted from: Natural causes X Accident in Suicide 1 1 Homicide . Undetermined cause MEDICAL to the C cute the certificate, DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURI farwarded to ASSISTANT MEDICAL EXAMINER | DEPUTY **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER IS 220 BUR AL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 0 emeteri urrwood Land 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSMEIS Road 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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| y be | GNE 3e 3 | the registrar prior to butiol, cremation, or removal, and in any event within 72 hours offer death. | | 7 |
| O E | o č | | | |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page # France To Hospital at after death. Page # France To Hospital at after death. | TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely tilled in by the 1 perol director. See page 3 should be de ed for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 shart of filed with | | ut | |

| ' <u> </u> | Keg. Dist. No. |
|---|---|
| 1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY |
| Baltimore b. CITY OR TOWN If outside corporate limits, write c. LENGTH OF STAY IN 1b | |
| RURAL and give nearest town) | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) |
| Overlea | X2 Overlea |
| d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 7214 T.1 nden Ave. | d. STREET ADDRESS o. IS RES DENCE ON A FARM? |
| 7214 Linden Ave. | . 7214 Linden Ave. |
| 3. NAME OF DECEASED (Type or print) MILLIE MORMAN F | FARRIS 4. DATE OF BEATH March 12, 1957 19 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Female Colored WIDOWED A DIVORCED | Aug. 4. 1873 losphythdoy) Months Days Hours Min. |
| 10a. USUAL OCCUPATION IGive kind of work done 10b. KIND OF BUSINESS OR INDUS | |
| during most of working life, even if retired) HOUSEWITE HOME | W. Virginia |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Unk. | Unka |
| | 7,000 |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. no. or unknown) (If yes, give wor or dates of service) | NFORMANT AND M. Rhodes 7214"Linden Ave. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) | - ha h a crede works and DEATH |
| 171X DUE TO | 1+0 |
| Conditions, if any, which) | nous of he carre. 645 |
| gave rise to immediate | |
| lying couse lost. | 2 determs |
| | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO |
| | D. (Enter nature of injury in Part I ar Port II af item 18.) |
| 206. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [] (IF EITHER, NOTIFY MEDICAL EXAMINER] | |
| | ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) |
| O Hour o. m. White Not white for | ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, affice bldg., etc.) |
| p. m. 19 ol work ot work | -1 2 10 7 |
| 21. I certify that I attended the deceased from 3-24 | 19 ta 3 , 12 , that I last saw the decease |
| glive on 3, 12 19 1/ and that death | accurred at a PM, from the causes and an the date stated above |
| | ADDRESS (Street, city or town, stole) DATE SIGNE |
| ACTUAL Digliduty | MD. 1 . Overlea Ave. a.t. 6 |
| | M.D. The state of |
| PHYSICIAN'S Or. "ichard Righer | 3-14-57 |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) | R CREMATORY 22d. LOCATION (C'ty, town, or county) (Stote) |
| Burial Mar. 16. 157 Mt. Auburr | Baltimore, Maryland |
| H-611 FA PIECTOR & SIGNATURA Home ADDRESS | 240. REC'D BY REGISTRAR 246. RECASTRAR'S SIGNATURE |
| 1631 Druid Hil | |

BULEAU V. E.

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BUREAU V. S.

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02617 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN III addide corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If pulside coraprole limits, write RURAL and give negrest town) and give recrest lown? ₽ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO F NAME OF Middle DATE Year Month DECEASED (Type or print) DEATH 19 4 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Dave Min. WIDOWED [7] DIVORCED | yrs C 100. USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11, BIRTHRIACE (Stole or foreign country) 12. CLT:ZEN OF WHAT COUNTRY? during most of working life, even of retired) relien But. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LO: ege 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? NO D 20g EXTERNAL CAUSE WAS PRIMARY EF OF CONTRIBUTING 20b. DESCRIBE HOW INSURY DCCURRED. (Enter nature of Injury in Part I at Port II of item 18) CAUSE OF DEATH. 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year [County] (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while at work ot wark p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and find that Accident , Suicide , Hamicide , Undetermined cause . death resulted from: Natural causes DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). 4State) 23. FUNERAD DIRECTOR'S SIGNATURE 240 RECIDIBY REGISTRARI - 246-REGISTRAR'S SIGNATURE VS. A15ME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

JUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. R.

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| | | | | 0261 | CERTIF | ICATE OF | DEATH | | | Reg. Di | st. No. | 40 |
| | 1, P | LACE OF DEATH COUNTY | timore | | MARYLA | II A STATE | ESIDENCE (Who | | lived. If institute b. COUNTY | , | ce belore d | |
| | b | CITY OR TOWN (I | f outside corporate lin | mits, write | c. LENGTH OF STAY IN | 1 1b c. CITY C | | | ote limits, write l | | | |
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| 50 | ١ | OR INSTITUTION | At (If not in hospital, | | | | T ADDRESS | | | | | S RESIDENCE |
| | | iame of | dministrat | | | | Bex 220 | | | | Y | ES NO |
| | (| PECEASED Type or print} | F.DW. | | Middle H e | HAUS | | 4 DATE OF DEATH | March | 31 | Day | 19 5 |
| | 5. S | | | | IED NEVER MARRIED | | | | P. AGE (In years lost birthday) | | | UNDER 24 H |
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| | 13. (| ATHER'S NAME | | | | 14. MOTHE | R'S MAIDEN NA | ME | | | | |
| 4 / | | JOHN HAU | | | | | ARY CAR | TER | | | | |
| | 15 / {Yas. | MAS DECEASED EVER | R IN U. S. ARMED FC | | | 17. INFORMANT | | | Add | | #F70.0 | |
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| | WEDICAL WEDICAL | PART I. DEA 4 9 3 X Conditions, if an gove rism to in couse (a), stating lying couse last. Part II. OTH GELERAI 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY HOUT a. p. m. 21. I certify the CONTRIBUTION OF THE SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMOVAL (Specify) SUMMERAL DIRECTOR | TH WAS CAUSED BY. IMMEDIATE CAUSE. DUE T Thy, which mmediate the under HER SIGNIFICANT CO LIZED ARTE SUNDERLYING UNDERLYING UNDERLYING VANIBULE EXAMINER Y Month, Doy, Y 19 TOTAL THE CAUSE POLACHEK N, 22b. DATE THERE CAUSE A DOY 19 19 19 19 19 19 19 19 19 1 | (o) Pool (o) | CONTRIBUTING TO DEATH LEROSIS CRIBE HOW INJURY OCCURRED Not while of work control and from Fabruar CONTRIBUTING TO DEATH LEROSIS | De, PLACE OF INJUR factory, street, of the accurred of the acc | y (Home, form, fice bidg, etc.) 57, to Mar at 10: 20A All eterans | 20f. (City ch 31 M. fram DORESS (Str. Admi) ard, 12d. LOCATI | or town) 1957 the causes comet, city or town, 18 trati 10. ON (City, town, 12 urnie | Jack k and an ti stote) | County) Tiol 19. YE County) And date And d | WAS AUTOPERFORMED SET NO STATE SET SET NO DATE SET 1. 3/3] |

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

saeeva v. s.

UD VIDOSO

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

026162 02623 **CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) .. COUNTY Baltimore a. STATE **6 COUNTY** MARYLAND Baltimore D b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
TOWSON Stoneleigh d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? 711h Wardman Rd. Mercy Villa YES NO Year 57 3. NAME OF First Middle 4. DATE Month DECEASED OF DEATH Hoene Eleanor (Type or print) S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Days August 29, 1873 Hours Min. Female White WIDOWED A DIVORCED | 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Sewickley, Pa. puo Homemaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alice Patterson Frank Hunnings IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ease ren 7114 Wardman Rd. None Mr. Herman H. Hoene 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) nuca 2 moulte DUE TO Conditions, if any, which gave rise to immediate **DUE TO** 8 catise (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 🗆 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) Hour a.m. factory, street, office bldg., etc.) While Not while at work at work p. m. 21. I certify that I attended the deceased from Lithat I lost saw the deceased and that death occurred at 9.50PM, from the causes and on the date stated above. DIRECTOR ADDRESS (Street, city or town, state) ACTUAL prior SIGNATURE PHYSICIAN'S NAME (Type) FUNERA 27a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Buria Homewood O 23 FUNERAL BIRECTORS SIGNATURE ADD9655 ZEG REC'D BY REGISTRAR! 245. REGISTRAR'S SIGNATIONE VS A15 (4) 15M 9/SS

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

S .V U James

MANIE TO THE

please

correct age is especially important. Physicians:

Supply every item of information carefully the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 192617

02624 CERTIFICATE OF DEATH

Reg. Dist. No.

| COUNTY Balto. CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nested town) CITY (If outside corporate limits, write RURAL and give nested town) Middle River Hospital or Middle River Hospital or Street Address 13 Butteroup Lane 3. NAME OF (Pirat) DECASED. JOHN STREET ADDRESS 13 Butteroup Lane 3. NAME OF (Pirat) DECASED. JOHN STREET ADDRESS 13 Butteroup Lane 3. NAME OF (Pirat) DECASED. JOHN STREET ADDRESS 13 Butteroup Lane 3. NAME OF (Pirat) DECASED. JOHN STREET ADDRESS 13 Butteroup Lane 3. NAME OF (Pirat) DECASED. JOHN STREET ADDRESS 13 Butteroup Lane 3. NAME OF (Pirat) DECASED. JOHN STREET ADDRESS 13 Butteroup Lane 3. NAME OF (Pirat) DECASED. JOHN STREET ADDRESS 13 Butteroup Lane 3. NAME OF (Pirat) DECASED. JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: DECASED. JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane ADATE OF BIRTH: JOHN STREET ADDRESS 13 Butteroup Lane JOHN BARTE ADATE A | I. PLACE OF DEATH: | 2. USUAL RESIDENCE (HOME) OF DECEASED: |
|--|--|---|
| CITY If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR and give nearest town) TOWN Middle River HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Buttercup Lane 1. NAME OF (First) (Middle) (Last) 1. DATE (Month) (Day) (Year) DECASED: (Type or Print) JOHN JOSEPH DECASED: (Type or Print) JOHN DISCRED BITH: 9. AGE last birthday ir unorniviate line under the work done during most during du | COUNTY Balto. MARYLAND | STATE Md. COUNTY Balto. |
| INTERTITUTION OR STREET ADDRESS 13 Buttercup Lane ADDRESS 13 Buttercup Lane | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) | CITYIIf outside corporate limits, write RURAL and give nearest town |
| DECEASED: (Type or Print) S. SEX: (COLOR OF 17. SINGLE, MARRIED. Sirectify: Widowed. Mar. (Sirectify: Widowed. Feb. 13, 1881; 100. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR INDUSTRY: With of 108. KIND OF BUSINESS OR CONDITIONS DIRECTLY LEADING TO DEATH ID BEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (A) CEREBRO VASCULAR DESCRIPTION ID SEASES OR CONDITIONS, FANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OCCUPATION (LIVE AND ADDRESS) ID SEASES OR CONDITION CAUSING DEATH OF BUSINESS OF BRITH: 9. AGE last birthday; I'u wore i vera live work in the control of Business OF BRITH: 9. AGE last birthday; I'u wore i vera live work in the country of Business III. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? COUNTRY? What work done during most of working life, or INDUSTRY: OR INDUSTRY: Penna, 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: FILIABETH S. KOCHLER IT. INFORMANT & ADDRESS: Hughes Funeral Home Kingston, Penna, INTERVAL BETWEEN ONSET AND DEATH OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH OF INJURY STREET, MACRIPAL COUNTRY VES NO OR CONTRIBUTING CAUSE OF DEATH OF INJURY STREET, Office bidgs, etc. INJURY OCCURT While M. STREET, HOW DID INJURY OCCURT While M. STREET, HOW DID INJURY OCCURT OF INJURY 21. Hereby certify that I attended the deceased from Oct., 195 (to Man 7, 1957, that I last saw the deceased 22. I hereby certify that I attended the deceased from Oct., 195 (to Man 7, 1957, that I last saw the deceased | INCOME AND ADDRESS OF THE PROPERTY OF THE PROP | ADDRESS |
| 18. MAR DECEASED EVEN IN U.S. AMMED FORCES! (Yes, no. or unk.) (If Yes, give war or dates) 19. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Hughes Funeral Home Kingston, Penna, INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND D | DECEASED: (Type or Print) 5. SEX. 6 COLOR OR 7. SINGLE, MARRIED. 8. DATE RACE: WIDOWED, DIVORCED. White (Specify): Widowed Feb. 10A. USUAL OCCUPATION (Give kind of 10B. K.ND OF BUSINESS work done during most of warking life. OR INDUSTRY: even if retired): Foreman (rtd) Traction Co. | OF DEATH: Mar. 7, 19 57 OF BIRTH: 9. AGE last birthday if under I year if under 24 Has 13, 1884 73 yrs. Months Days Hours Min 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA |
| 18. MAR DECEASED EVER IN U.S. AMMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates) 19. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: Hughes Funeral Home Kingston, Penna, INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND D | Frederick Horlacher | Elizabeth S. Kochler |
| I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. OF INJURY 21B. PLACE (Home, farm, factory, contributing of Injury street, office bidg., etc. INJURY OCCUR? While Not while st work and DEATH 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While Not while st work at work. | 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates | |
| ANTECEDENT CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. OF INJURY Street, office bldg., etc. 1. HHE) (B) ARTERIOCUSTOTIC CAREARO - ASCULAR D. SCALER | 18. MEDICAL CERTIFICAT | |
| ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While Not while at work 21F. How DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Oct., 1956 to Mar 7, 1957, that I last saw the deceased | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEAT |
| ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21c. INJURY OCCURRED While Not while 21f. How DID INJURY OCCUR? 21c. I hereby certify that I attended the deceased from Oct., 1956 to INTICATE, 1957, that I last saw the deceased | | VASCULAR ACCIDENT J.MAR) |
| GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 YES NO 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE (Home, farm, factory, 19B. WHERE DID (City or town) (County) (State) 21C. THERE WAS UNDERLYING OF 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE (Home, farm, factory, 19B. WAS UNDERLYING OF 19B. MAJOR FINDINGS OF 19B. M | ANTECEDENT CAUSE (8) | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO DEATH 21A. ACCIDENT WAS UNDERLYING OF 21B. PLACE (Home, farm, factory, of contributing Cause of Death Of Injury street, office bldg., etc. Injury occur? 21D. TIME (Month) (Day) (Year) (Hour) | GIVING RISE TO THE ABOVE CAUSE DUE TO | CEREARD - VASCULAR DISEASE 5781 |
| TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO DEATH OF INJURY Street, office bidg., etc. INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc. INJURY OCCUR? 21B. PLACE (Home, farm, factory, office bidg., etc. INJURY OCCUR? 21C. WHERE DID (City or town) (County) (State) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) | | |
| DISEASE OR CONDITION CAUSING DEATH. 19A DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21a. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. Time (Month) (Day) (Year) (Hour) At work OCCURRED At work OF INJURY OCCUR? 21c. How DID INJURY OCCUR? While At work OF INJURY OCCUR? 22c. I hereby certify that I attended the deceased from Oct ., 1956 to .Mar. 7, 1957, that I last saw the deceased | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OF INJURY street, office bldg., etc. INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while Month of INJURY OCCUR? 21D. Time (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work 21F. How DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Oct . , 1956 to . Mar 7, 1957, that I last saw the deceased | DISEASE OR CONDITION CAUSING DEATH. | |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 21E INJURY OCCUR? While Not while at work 21E INJURY OCCURRED At work 21E INJURY OCCUR? While Not while at work 31E INJURY OCCUR? 22. I hereby certify that I attended the deceased from Oct . , 1956 to . Mar. 7, 1957, that I last saw the deceased | 19a DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION | ZU. AUTOPST? |
| While at work Not while 22. I hereby certify that I attended the deceased from Oct., 1956 to Mac. 7, 1957, that I last saw the deceased | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., | |
| | OF INJURY While Not while | 2 IF. HOW DID INJURY OCCUR? |
| No. of Mark 1057 and that doubt assumed at 10.500M from the source and on the data stated about | 22. I hereby certify that I attended the deceased from Oct | , 1956 to . Man 7, 1957, that I last saw the decease |
| SIGNATURE ADDRESS DATE SIGNED M. D. 1437 YULUGO, Ou Balt JO, HJ 3/8/57 23. BURIAL, CREMATION, DATE THEREOF, NAME OF CEMETERY OF CREMATORY (LOCATION (City, town, or county) (State) | SIGNATURE OULUS M 23. BURIAL. CREMATION, DATE THEREOF, NAME OF CEMETI | 1. D. 1437 Yundas. Om Batt 20. 40 3/8/57 |
| Burial 3/11/57 Dennison Cem. Swoverville, Pa. Date Rec'd By Local Registrar's signature 24, Funeral Direction (1) Appliess (1) | Burial 3/11/57 Denniso | n Cem. Swoverville, Pa. O. |

BUREAU V. S.

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PUREAU V. E.

| | 1 | MARYLAND STATE DEPART | MENT OF HEALTH—BALTIMORE, 18 |
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| * 4 | 北 | 02625 CERTIFIC | CATE OF DEATH Reg. Dist. No. 33 |
| pa da | 1 | Place of Death COUNTY Bal timore MARYLAND | 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE Md. b. COUNTY Balto. |
| | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest lown) OWINGS Mills | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Owings Mills |
| 2 shau | | d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Timber Grove Rd. | d street address Timber Grove Rd. c. IS RESIDENCE ON A FARM? YES \(\subseteq NO \(\subseteq \) |
| es 1 on | 3. | NAME OF DECEASED (Type or print) Aiddle | Hunter of Month Mar. 30, 1957 |
| Pog | | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED | |
| death. | 16 | s. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INE during most of working life, even if relired) Rtd. Carpenter - self Employed | |
| To a supplied to | | FATHER'S NAME William R. Hunter | 14. MOTHER'S MAIDEN NAME Ellen R. French |
| 2 hours | | WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 In no. or unknown) (If yes, give wer or dates of service) | . INFORMANT Address Md. |
| or please | | 18. CAUSE OF DEATH [Enter anly one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ON A SECTION | Mrs. Edw. H. Carrick-Timber Grove Rd., Owing sMi Heart Failure, Gronn Interval Between ONSET AND DEATH |
| ant. The | | Conditions, If any, which) (b) Asterioals | resis generation ? |
| in pu | | gove rise to immediate carse (o), stating the under lying couse lost. | 77 3 |
| navol, o | CATION | | UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| , or re | L CERTIF | OR CONTRIBUTING DI CAUSE OF DEATH | RED. (Enter nature of injury in Part I ar Port II of item 18.) |
| emotion | MEDICA | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m., p. m. 19 While at wark of wark | PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) (County) (State) |
| uriof, ci | | 21. I certify that I attended the deceased from July alive on March 23, 1957, and that dea | th occurred at Ziae PM, from the causes and on the date stated abave. |
| or to to to to | | ACTUAL SIGNATURE CLASSING & M. Williams | M.D. Lasterstann Manlard March 30, MS |
| stror pr | | PHYSICIAN'S NAME (Type) | |
| the reg | 22 | Burial, Cremation, 226. Date thereof 22c. NAME OF CEMETERY Burial 4/2/57 Balto. Nat | OR CREMATORY 22d LOCATION (City, town, or county) (Stote) |
| (4) S | 23 | FUNERAL DIRECTOR'S SIGNATURE, ADDRESS - 13 | UCTUIT DATE 4/157 Noru Cline |
| | | Ţ | mile. |

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02544 MEDICAL EXAMINER'S CERTIFICATE OF DEATH is necessary, please exe-ectar. Page 4 should be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY Baltimore, County o. STATE Maryland Baltimore b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) and give one of though dalk 10 Dundalk, Maryland director. 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 1742 Grange Road 1742 Grange Road YES NO 3. NAME OF DATE OF DEATH DECEASED Annie Carviness Jackson 24 57 (Type or print) 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Colored WIDOWED Haun Months Doys Female DIVORCED T 3 70 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dujug most of working life, even if refired) Virginia 12. CITIZEN OF WHAT COUNTRY? oud Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1 Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1742 Grange Road Daniel Jackson 8. Give I P.M.3. Po 18. CAUSE OF DEATH [Enter only one couse per Jing for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Had. DUE TO Canditions, if ony, which gave rise to immediate cause DUE TO (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURED 200- PLACE OF INILIRY (Home, form, 1201 (City or form) 20c TIME OF INJURY Month, Day, Year (County) (Stote) miting the w Medical E toclary, street, office bldg , etc.) While A for thi D. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and find that death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause to the DIREC forwarded to the DIRE ACTUAL SIGNATURI DATE SIGNED CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER TO 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (Cit., town, or county) 0 Calvary Brookl Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE

1000 Brantley Avenue

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

0. Wilson



SCOT TO MAM

BECEIVEL

requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2531 OT 81

TILEVO N. F.

VS A15 (4) 15M 9/55 M

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TO HOSPITE OR ATTENDING FHY IICEN'S The law requires that the death certificate be exacuted within 21 hours often dimith. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02627 CERTIFICATE OF DEATH

8 02622 Reg. Dist. No. 38

| DE COUNTY Baltimore MARYLAND | USUAL RESIDENCE (Where deceased lived. If systitution: Residence before admission) O. STATE |
|--|--|
| b. CITY OR TOWN (If outside carporate limits, write RURAL and give hearest lawn) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, 3 VAI.4 |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION IT esbyterian Home | d STREET ADDRESS 4505 Fernh111 Ave. 15 RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) Cora B. Middle Jacob | Lost 4. DATE Month Doy Year OF DEATH March 17, 19 57 |
| 5 SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | B. DATE OF BIRTH June 12, 1869 9 AGE (In yours lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min |
| 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired) | STRY 11. BIRTHPLACE (Stote or foreign country) Baltimore, Md. 12 CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| John Jacobs | Mary A. Cooksey |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II | NFORMANT Address |
| Rec | ords of Presbyterian Home Towson, Md. |
| ICAL | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D. (Enter nature of injury in Part 1 or Part 11 of item 18) |
| 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PU | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctary, street, office bldg., etc.) |
| PHYSICIAN'S ROLLIN CHUCLSON NAME (Type) ROLLIN CHUCLSON 220. BURGAL (REMATION, 1226. DATE THEREOF 122c. NAME OF CEMETERY OF | M.D. 606 Palto Are Town, state) DATE SIGNED 3/18/67 |
| Burial March 20, 1957 Loudon Park | Baltimore, Md. |
| 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John O. Mitchell & Sons Inc. 1900 Eutew 1 | THE RECO BY DECISIONS 24 DECISIONS SIGNATURE |

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er death.

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e retained by the hospital or attending physician.

The bottom copy ma

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02623

CERTIFICATE OF DEATH 02545

Reg. Dist. No.

| 25 | 1, PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
|---|--|--|
| | COUNTY BALTO MARYLAND | STATE ML COUNTY BALLITO |
| | CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) | CITY (If outside corporate limits, write RURAL end give nearest town) |
| hou ector, | OR and give nearest town) TOWN (1) NI) ALK 72 (in this place) | TOWN DUNDALK 22 |
| 7.÷ | HOSPITAL OR | STREET (if rurel give focetion) |
| 5 0 7 | INSTITUTION OR S CENTRE HUB. | ADDRESS Q PENTOLE ALSE |
| with | 3. NAME OF (First) (Middle) | (Lest) 4. DATE (Month) (Day) (Year) |
| 7루 | DECEASED | OF 7 7 |
| stra the | (Type or Print) HUBLIA VASELINKO | SITINO IN ICIT |
| D > | 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF | F BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 9.5 | M. MARRIED MAR | 10,188 / O yrs |
| E-0 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| 1 | · 1711556 WIFE | KUSSIA RUSSIA |
| PA | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| b be filed windpletely filly transit permi | VASIL VASELINKO | UNK |
| comple comple I trans | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
| | (Yas/no) or unk.) (If Yas, give wer or dates of service) | 14 MAX JANOWICH - SAME |
| rtification con burial | 18. MEDICAL CER | TIFICATION INTERVAL BETWEEN |
| 0 0 0 | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | ONSET AND DEATH |
| as cia | IMMEDIATE CAUSE (A) | in Occhision 2 tisus |
| de use use | ANTECEDENT CAUSE(S) DUE TO | and Other |
| # " P | DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE | Therenous unteresting |
| ding ding | STATING UNDERLYING CAUSE LAST. DUE TO | |
| Che es | II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| quires this attendii detached | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 2 ± 4 3 | 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY 74 |
| | | YES NO |
| The farted by should | 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) | Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| | (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| RECTOR: sen exect assembly | While Not while | 21f. HOW DID INJURY OCCUR? |
| 5 - 5 | M. et work L et work | 10 th C |
| | 22. I hereby certify that Lattended the deceased from October | 14 15 to 11 lest saw the deceased |
| has ficate | | 14.45 |
| | SIGNATURE | ADDRESS (Street) city, town, state) DATE SIGNED |
| NERA ficate h cert | MO /A | 7 nor am & walle 22 1120157. |
| FUNI certific death A15C 1-5 | 23. SURIAL CREMATION DATE THEREOF NAME OF CEMETERY OF | CREMATORY (State) |
| Certification of A15C | Burnet 5-21-51 Blike | MIN A MOIO! |
| T N | 24 REC'D AY REGISTRAR OF TREGISTRAL'S SIGNATURE | 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS |
| | and the Market | Aller parise 1000 11 Houselle, of |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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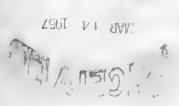
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. R.

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02631 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02627 Reg. Dist. No. 94

| Baltimore Baltimore CITY OR TOWN IN contine repress term, with RUPA) C. CITY OR TOWN IN contine repress term, with RUPA) C. CITY OR TOWN IN contine repress term, with RUPA) C. CITY OR TOWN IN contine repress term, with RUPA C. CITY OR TOWN IN contine repress term, with RUPA C. CITY OR TOWN IN contine repress term, with RUPA C. CITY OR TOWN IN Contine repress term, with RUPA C. CITY OR TOWN IN contine repress term, with RUPA C. CITY OR TOWN IN Contine repress term, with RUPA C. CITY OR TOWN IN contine repress term, with RUPA C. CITY OR TOWN IN contine repress term, with RUPA C. CITY OR TOWN IN contine repress term, with RUPA C. CITY OR TOWN IN contine repress term, with RUPA C. CITY OR TOWN IN contine repress term, with RUPA A. SALET IN CORRESS C. CITY OR TOWN IN contine repress term, with RUPA A. SALET IN CORRESS C. CITY OR TOWN IN contine repress term, with RUPA A. SALET IN CORRESS C. CITY OR TOWN IN contine repress term, with RUPA A. SALET IN CORRESS C. CITY OR TOWN IN contine repress term, with RUPA A. SALET IN CORRESS C. CITY OR TOWN IN contine repress term, with RUPA C. CALL RUPA A. SALET IN CORRESS C. CITY OR TOWN IN contine repress term, with RUPA A. SALET IN CORRESS C. CITY OR TOWN IN contine repress term, with RUPA A. SALET IN CORRESS C. CITY OR TOWN IN contine repress term, with RUPA C. CALL RUPA | 1. | PLACE OF DEATH | | | | 2. USUAL I | RESIDENCE (W | /here deceased | lived. If institu | tion: Residence | before admissio | an) |
|--|--------|--|---------------------------------|-------------------|----------------------|---------------------|------------------|----------------|-----------------------------|-----------------|------------------|--------|
| Saltimore 19 Salt | | a. COUNTY | Baltimo | re | MARYLA | O. STATE | Mary. | land | b. COUNT | KA | 470, | |
| Sparrows Point d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Betth Steel Co. Dispensary J. Steel Co. Dispensary J. Date Co. | | b. CITY OR TOWN (If ond give negres) town! | utida corporala limits, write | RUPAL C. E | ENGTH OF STAY IN | b c. CITY | OR TOWN (If | outside corpo | rote limits, write | RURAL and gi | ve neorest lown) | |
| ANAME OF HOSPITAL OR INSTITUTION (If not in hospito), give street oddress) Reth. Steel Co. Dispetisary S. NAME OF DEATH TOTH HOWARD FIRST FIRST FORT HOWARD FORTH | | - | Point | | | Ba Ba | ltimor | e 19 | | | | |
| RETH. Steel Co Dispensary Fort Howard Ves No 28 Steel | | | | nat in hospital, | give street oddress) | d. STREE | T ADDRESS | | | | | |
| DEATH 3. 12 1957 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE 10. year | - | | el Co., D | ispensar | y | / Fort | Howar | d | | | | |
| S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1. MODER 1. MODER 1. MODER 22 HIS. 1. MODER 1. MODER 1. MODER 22 HIS. 1. MODER 1. MODER 1. MODER 1. MODER 22 HIS. 1. MODER 1. | 3. | DECEASED | - | | Middle K | EMZU | RA | OF | | | | |
| Note | _ | | | | KANCIS | - A STANCE | Lander- | | 44. | | | |
| DIO. USAL CCCUPATION (Give kind of work done) DIVORCED JR JR JR JR JR JR JR J | 5. | . SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIT | RTH | 9. | AGE (In years for birthday) | | | |
| Crame follower Steel Mfgr 14. MOTHER'S NAME 14. MOTHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH (Enter only one course per line for [o], (b), and (c).] PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if any, which gave rise to immediate cause (o), stoling the underlying (c). FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?; YES NOTE: NOTE: THE PRIMARY OF CONTRIBUTIONS OF PRIMARY OF CONTRIBUTIONS OF PRIMARY OF CONTRIBUTIONS OF Work OF WOR | L | M | W | WIDOWED [| DIVORCED [| 128 FE | B, 19. | 17 | 1.7 | Wouter Da | ys Hours M | in. |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS CAUSED 817. | 10 | during most of working | life, even if retired} | | | USTRY 11, BIRTH | IPLACE (State | or foreign cou | PENNA | 12. CITIZE | | |
| Note |) 13 | 3. FATHER'S NAME | , | | | 14. MOTHE | R'S MAIDEN N | IAME | | | | |
| Note | 4 | ATTN | KEMZ | URA | | FST | HER | | | | | |
| IB. CAUSE OF DEATH Enter only one couse per line for [o], (b), and (c).] PART I. DEATH WAS CAUSE [o] DUE TO Conditions, if eny, which Governies to immediate cause Go.), stating the underlying Couse lost. Co. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART II. IP. WAS AUTOPSY PERFORMED? PERF | | | R IN U. S. ARMED FOR | CES? 16. SOCH | AL SECURITY NO. 11 | . INFORMANT | | | Address | | | |
| 18. CAUSE OF DEATH [Enter only one couse per lim for [o], (b), and [c].] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?: YES DOOL EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?: YES NO DEATH. 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?: YES NO DEATH. 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?: YES NO DEATH. NOTE: NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?: YES NO DEATH. NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?: YES NO DEATH. NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?: YES NO DEATH. NO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?: YES ON DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?: YES ON DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?: YES ON DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?: YES ON DEATH SIGNIFICANT CONTRIBUTION GOVE |) (Y | (es. ga, or unknown) | If yes, give war or dates of se | 7/2/17 | -07-120X | Drop | 1 0 | en ne n | 4 -0 | 7.17.0 | _ < 19 | me |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | ' = | 4 | L/ All VEC | -00 | 100 | 12/1/13/ | - AU | | THEAT | CUKM | | |
| DUE TO Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERM NALDISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONTRIB | | 1 | | e per line for lo | , (b), ond (c). j | 04 | 7 - 1 | | | | ONSET AND DEATH | |
| Conditions, if any, which gave rise to immediate cause (o), stoting the underlying (o), stoting the underlying (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) IP. WAS AUTOPSY PERFORMED?; YES NOTE 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) NOTE 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work | | | | | tru | 4 | ceu | un | | | | |
| gave rise to immediate cause (a), storing the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES | | 400. | DUE TO | | | 1 | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?; YES NOT PRIMARY or CONTRIBUTING | | | | | | / | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 20c. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (Stote) work of | | | | | | | | | | | | |
| PERFORMED?; YES NOTE 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) **TOTAL** 201. TIME OF INJURY Month, Day, Year Port of While Not white of work p.m. 19 at work of work of work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy p.m. Natural causes p.m. ACTUAL SIGNATURE **ACTUAL SIGNATURE** **ACTUAL SIGNAT | | | | | | | | | | | | |
| 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While at work 19 at | Z | PART II. OTHI | R SIGNIFICANT COND | ITIONS CONTRI | BUTING TO DEATH 8 | JT NOT RELATED | TO THE TERM | NALDISEASE (| ONDITION GIV | EN IN PART I | (a) 19. WAS AUT | TOPSY |
| 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While at work 19 at | ATI | | | | | | | | | | | |
| 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While at work 19 at | IFEC | 200. EXTERNAL CAUS | E WAS _ 20b | . DESCRIBE HOY | V INJURY OCCURRE |). (Enter noture of | f injury in Part | Lor Port II af | item 18.) | | | 4 |
| 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While at work 19 at | 183 | PRIMARY I or CON CAUSE OF DEATH. | TRIBUTING [| | | | | | | | | |
| 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection A, Inquiry A, and find that death resulted from: Natural causes A, Accident, Suicide, Homicide, Undetermined cause ACTUAL SIGNATURE | | | Month, Day, Year | | | PLACE OF INJUR | Y (Home, form, | 20f. (City p | r lown) | (Caunt | 0 (| State) |
| 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection A, Inquiry A, and find that death resulted from: Natural causes A, Accident, Suicide, Homicide, Undetermined cause ACTUAL SIGNATURE | P | Hour o. m. | | While | Not white | | | | | 1 | , | , |
| death resulted from: Natural causes Accident Suicide Homicide Undetermined cause Actual SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | × | | | | | f I | | | - CD | | -W | |
| ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASS | | | | 1000 | | | | _ | | · ' | A, and fin | d that |
| SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT | | death resulted | from: Natural a | auses 🔼, | Accident, | Suicide [_], | Homicide | Und | letermined o | ause . | | |
| SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT | | 100 A A A A A A A A A A A A A A A A A A | | | | | | | | | | |
| EXAMINER'S M () D-1/1 & M /) | 2 | CHECK MEDICAL EVALUNES | | | | | | | | | | |
| | \sim | | 10 0 | Dr. | | ASSIS | TANT MEDICA | AL EXAMINER | | | 0/184 | h- |
| Marine (1990) | | NAME (Type) | 14.15. | DAV | 15 /VI | DEPU | TY MEDICAL E | XAMINER DE | | | 1.1 | 1 |
| 220 STRIAL, CREMATION, 22b. DATE THEREOF ; 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) [Stale) | 22 | | I, 22b. DATE THEREOF | j 22c. I | NAME OF CEMETERY | OR CREMATORY | | 22d. LOCATIO | N (City, town, | or county) | (State) | |
| BYNAZ 16 MARCH 57 SACRED HEART OF JESUS DUNDAIN MARYLAN | | ול פיפון וייין ייין | 11 Maa | 1-17 | / | | 1 | 771 | INDAI | Ly | 11 00.11 | inal |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE | | YNIK//TL | 1/6// 17RC | 4 0/15A | ICEED HE | ART At . | JESUS I | | ペペペ シンフリー | | /// MKYZ | M NI |
| Vertille Man Prosetter. Ille dark. Bill I and I TAOTI | 23 | 3. FUNERAL DIRECTORS | | 10/15/ | ADDRESS A | RT of | | SY REGISTRA | R 24b. REGIJ | RAR'S SIGN | | A No |

BUREAU V. S.

DECENALE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02628 02632 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived. If institution, Residence before admission) COUNTY **b.** COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) RURAL and a ve nearest town) ofter d. NAME OF HOSPITAL (IF d STREET ADDRESS not in hospital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? 30 YES NO T NAME OF 4. DATE Middle **Чеог** Day DECEA SED 19-5 DEATH (Type or print) DATE OF BIRTH 5. SEX IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost-birthday) Months Days Hours WIDOWED D DIYORCED [100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11_818THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most/of working life, even if retired) puo Pou l offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME g physician remove carb hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC AL SECURITY NO. 17 INFORMANT Address attending (22 CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH ቼ PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Congestive Heart Failure hour 422,1 DUE TO à Marteriosclerotic cardiovascular disease Conditions, if any, which vears gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY removal PERFORMED? Senility YES X NO [burial 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m While Not while of work of work p m 21. I certify that I attended the deceased from that I last saw the deceased alive on , and that death occurred at. M, from the causes and an the date stated above. FUNERAL DIRECTO ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 226. DATE THEREOF 22ct NAME OF CEMETERY OR 229 BURIAL CREMATION. CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 10 ADDRESS FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE! 24b 9 VII A15 (4) DATE 15M 9/55

BUILDIN V. S.

ME SELLA SIL

| | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|-----|------------|--|
| | | 02554 CERTIFICATE OF DEATH Reg. Dist. No. 12629 |
| | | PLACE OF DEATH D. COUNTY BALTIMORE COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) D. COUNTY BALTIMORE COUNTY BALTIMORE COUNTY BALTIMORE |
| | | b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) X BALTIMORE |
| » 🐔 | | d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2721 ALDERWOOD AVE 2721 ALDER WOOD AM: YES NO PO |
| | | NAME OF DECEASED (Type or print) CLARA A. KIRBY DEATH MARCH 5 1957 |
| | 5. | FEMALE WhiTe WIDOWED DIVORCED July 10, 1876 go yrs. Months Days Hours Min. |
| _ / | 1 | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) MACHINE OPERATOR DICESS MFR. MARYLAND 12. CITIZEN OF WHAT COUNTRY? MARYLAND 13. CITIZEN OF WHAT COUNTRY? |
| | | FATHER'S NAME GEOFFRED STOLL BARBARA WAMBACK |
| / | | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 2721 Alderwood of Address 2721 Alderwood of Marine 1 213-09-5944A MRS. Thomas F. GARVEY A |
| | | 18. CAUSE OF DEATH [Enter only one cause per line (2 (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSEY AND DEATH ONSEY AND DEATH |
| | | Canditions, if ony, which gove rise to immediate (b) |
| | 7 | lying cause last (c) levelalized attentic (b) - 104(a) |
| * | FICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO SY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) |
| | AL CERTIF! | OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have o. m. 19 While Nat while of work at work at work at work. |
| | | 21. I certify that I attended the deceased from 19.5, to 19.5, that I last saw the deceased alive on 19.5, and that death occurred at 19.5, from the causes and on the date stated above. |
| į | | ACTUAL SIGNATURE WILL SELLE M.D. D. Charagras 14 3175 |
| | 200 | PHYSICIAN'S Y HU SEMMTRIC MD |
| | | BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) MARCH 8, 195) NEW CHTHE GRAL FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR'S SIGNATURE |
| | | FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE: DAT |
| | | 3512 Frederick and (29) MIANY |



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. Na. 4/ S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY O. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) 2 directar. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? files. YES NO F 3. NAME OF funerol Middle DATE Month Day Yeor far your DECEASED OF (Type or print) SEP DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9 AGE [In years IF UNDER TYEAR IF UNDER 24 HRS. retoined f lost birthdoy) Months DIVORCED [WIDOWED [3 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? and during most of working life, even if retired) þ OPERATOR 13. FATHER'S NAME mox 14. MOTHER'S MAIDEN NAME within 24 hours of Give Pages 1, 2 PM3. Page 5 may podes Page ! 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address E S ar unknowel PM3. 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN DINSET AND DEATH in Item 18. PART I. DEATH WAS CAUSED BY. olong with form burial-tronsit per IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which penci gove rise to immediate couse **DUE TO** (o), stoting the underlying couse last iner's Office of the be used as a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT NO TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PER CHEEP ED? NO S 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INDURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY I or CONTRIBUTING I col Exami CAUSE OF DEATH. th≡ word 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED TO PLACE OF INJURY (Home, form, i 20f. (City or fown) (County) (Stote) riting th≡ w Medicol 8 Poge 3 sh factory, street, office bldg., etc.) While Norwhile O. III. of work of work P. m. 21. I certify that I took charge of the tempains described above, held an Autopsy [Inspection A inquiry and find that death resulted from: Natural causes uAccident Suicide . Homicide . Undetermined cause ed to the DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forworded to FUNERAL 1 ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER [7] NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 225 DATE THEREOF 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 **ADDRESS** 24o. REC'D. BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

"S. A15ME(5) SM 9/55

EXAMINER: This

THE STATE OF THE S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DECEL DE PAY

VS A15 (4) 15M 9/55

|) | 7 / | | ENT OF HEALTH—BALTIMORE, 1 | 8 02632 |
|--|-----------------------------|---|--|-------------------------------------|
| 2 | | 02634 CERTIFICA | ATE OF DEATH | Reg. Dist. No. |
| 0 | died died | 1. PLACE OF DEATH O. COUNTY Coton aville Balto Co MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution of STATE b. COUNTY Baltimore City | n Residence before admission) |
| r death. | To and the second | 6. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 Yrs | c CITY OR TOWN (If outside corporate limits, write RL | JRAL and give nearest town) |
| urs ofte | by the | d NAME OF HOSPITAL (If not in hospitot, give street address) OR INSTITUTION The House Of Pines Nursing Home | d. STREET ADDRESS | e. IS RESIDEN ON A FAR YES NO |
| n 2≣ ho | filled in ges 1 an | 3. NAME OF First Middle (Type or print) Mathilda Ko | tost 4 DATE Montl OF DEATH 3 | b Day Year I7 19 |
| d within sletely f | | Female White WIDOWED DIVORCED | 9 -15 - 1877 ? lost birthdoy) 80 ? yrs. | Months Days Hours |
| execute | death. | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired) Hosewife | STRY 1) BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT CO |
| n certificate be e ing physician an | orbo fier | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | V D A. |
| | ave co | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. I | Uknown Addre | NE. |
| | ing ph | (19 Les. no. or unknown) (19 yes, give war or dates of service) | Irvin A Vogel I7II De Sota R | |
| tomb e | ottend o pleos within | PART I. DEATH [Enter only one cause per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) On aligns | agitons | INTERVAL BETWE |
| of the | y the Ther event | DUE TO | | 0 |
| ires th | permit. | Conditions, if ony, which gove rise to immediate DUE TO | * | |

e. IS RESIDENCE ON A FARM? YES NO K

Year 19 57

17 IF UNDER 1 YEAR IF UNDER 24 HRS

Hours 12. CITIZEN OF WHAT COUNTRY? USA

| | | () 42 (| or acres of leve | | I4-03-2808 | | Vogel | I7II De So | ta Rd Bal | to 30 Md | |
|---------------|---|----------------------------------|----------------------|---------|---------------------------------|---|---------------------------------|--|------------------|---|--------|
| | | ATH WAS CA | USED BY: | | aralija | is Par | ton | 1 - | | INTERVAL BETWEE | |
| | ,) × | IMMEDIAII | DUE TO | | a care | | 10000 | | | 727 | 7 13 |
| | Conditions, if a gave rise to couse (a), stating tying couse last | immediate the <u>under-</u> (| (b) DUE TO (c) | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| CERTIFICATION | PART II. OT | THER SIGNIFIC | CANT CONDIT | TIONS C | ONTRIBUTING TO DE | ATH BUT NOT RELATED | TO THE TERM | IINAL DISEASE CONDITI | ON GIVEN IN PART | 1(a) 19 WAS AUTO PERFORMED YES NO | D? |
| L CERTIF | 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF | G 🔲 CAUSE (| OF DEATH | 6. DESC | RIBE HOW INJURY O | CCURRED. (Enter notur | e of injury in | Part I or Port II of item | 18.) | | |
| MEDICA | 20c. TIME OF INJU Haur a. jr. p. m. | | Day, Year 19 | While | JURY OCCURRED Not while of work | 20e. PLACE OF INJUR foctory, street, o | Y (Home, fari fice bldg., et | n, 20f. (City or town) | (Co | ounty) (S | Slate) |
| | ACTUAL SIGNATURE | PA | 27 Ulio | 12.5 | 7 and that | death accurred | ot <i>7:00</i> | AM, from the car ADDRESS (Street, city or Lashing) | uses and an thi | | |
| 92. | NAME (Type) | | | 100 | SBERC | | | | 70, | C. C. | |
| 440 | REMOVAL (Specify Burial | d l | 10- I95 | 7 | | etery or crematory | | Wash Blvd | Howard Co | p+ (2 | |
| 23. | Funeral director Ldward | | | Was | h Blvd Bal | to 30 Ma | 24a. REC | MAR 2 0 '57 | REGISTRAR S SIGN | ALVE | |

BUREAU V. S.

TOS SAM

BECEINED

after

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

RECEIVED

2901 S. 8VW

BUREAU V. S.

02557 **CERTIFICATE OF DEATH** 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE YES T NO T AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Davi 12. CITIZEN OF WHAT COUNTRY? Address Fordham Rd INTERVAL BETWEEN ONSET AND DEATH PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES NO TO (County) (State) ..., 19<u>5</u>, that I last saw the deceased , and that death occurred at LOSAM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6009 Harford Road

DATE

Ulm Cook- bligg

VS A15 (4)

15M 9/SS

BULEAU V. S.

2551 U. E.

| | | MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 | 02636 |
|----|-----------|--|---|
| | | 02636 CERTIFICATE OF DEATH | 28 |
| | 1. | PLACE OF DEATH O. COUNTY Ballo Co MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution, Resident of STATE Thank in COUNTY OF STAT | ice before admission) |
| | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | give rearest town) |
| Un | H | d NAME OF HOSPITAL (If not in Rospital, give street address) d STREET ADDRESS d STREET ADDRESS | e IS RESIDENCE |
| 41 | | Toward Convaluation Home | YES NO |
| | | NAME OF DECEASED (Type or print) MOSA J. MINSON Middle Last 4. DATE OF DEATH | Day 5 Year 19 5 5 |
| | 5. | SEX 7. 6. COLOR OR PACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9. AGE (In years IF UNDER Months) yrs. WIDOWED 11 W 21/875 9. AGE (In years IF UNDER Months) yrs. | TYEAR IF UNDER 24 HS., Days Hours Min. |
| | 100 | O. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working lite, even if retired) Filler Filler | IZEN OF WHAT COUNTR |
| | 13. | FATHER'S NAME Relate 12 La costa Butter Clikes | |
| , | 15 {Ye | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes) 16. SOCIAL SECURITY NO. 17. INFORMANT (11 yes, give wor or dotes) 17. INFORMANT (11 yes, give wor or dotes) 17. INFORMANT (11 yes, give wor or dotes) 18. INFORMA | 11 |
| | | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CCYC ATA (ALCHA VY / Lacc | INTERVAL BETWEEN ONSET AND DEATH |
| | | Conditions, if any, which) By Nylytinsim afterio Scleralis | |
| | | gove rise to immediate couse (a), stating the under lying couse lost. | |
| 0 | CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | T 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO 194 |
| | CERTIFIC | 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| | MEDICAL | 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour e. gt. Do work of work | County) (State) |
| | ~ | and the state of t | last saw the decease |
| | | alive on | he date stated abov |
| , | | SIGNATURE WELLEY GRACES M.O. 1101 ST FAUL ST | Mar 5 |
| 1 | | PHYSICIAN'S WALTER A BALETIER | |
| | 220 J. | BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) REMOVAL (Specify) MUR 7/57 Holiyand Canatary Rich Milad | (Stole) |
| | 23. | FONERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246, REGISTRAPS SIC | SNATURE / |
| | - | Jest 11 1 John Decker Marin 1 1931 Man | el Gray |

English A. S.

75 C

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY: o. STATE **b.** COUNTY ALTO MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 30 Neu SUE PU d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO DA NAME OF Middle DECEASED DEATH (Type or print) 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 6. COLON OR RACE MARRIED THEYER MARRIED 18. DATE OF BIRTH fast birthday) Months WIDOWED | DIVORCED [11. BIRTHPLACE (State or fareign country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) m, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poges AMI Page IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INSORMANT Give INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). OUSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which) gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO [20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. {City or town} (County) (Stote) foctory, street, office bldg , elc.) a.m. Not while of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection ... thauiry , and find that death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined cause to the DATE SIGNED CHIEF MEDICAL EXAMINER forworded to ASSISTANT MEDICAL EXAMINER 🗂 EXAMINER'S GEPUTY MEDICAL EXAMINER A NAME (Type 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 226. DATE THEREOF 22d. LOCATION (City, town, or county) (State) DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE SM 9/55

DECEIVED MAR

BUREAU V. S

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VS A15 (4)

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02638

CERTIFICATE OF DEATH

Reg. Dist. No.). PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission! o. COUNTY b. COUNTY Maryland Laltimore MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) days **Famostead** Fort Toward. Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARME Route 1 Veterans Administration Hospital YES INO PA 3. NAME OF Middle lost 4. DATE Month Day Year DECEASED OF DEATH 1957 म् LEWIS LEPPO March (Type or print) 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9 AGE (In years lost birthdoy) Months Days August 7, 1874 Male White WIDOWED IN DIVORCED 82 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CIT-ZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore, Md. 1.5.A. Machinist Machine Shop 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carrie (Maiden l'ame Unknown) Emanuel Leppo 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Clin. Pec., Vet. Administration Hosp. Ft. Howard. Md. Spanish Ameridan Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHO PNEUMONTA BILATERAL UNKNOWN **DUE TO** CAPCING IA UPPER AND LOWER LEFT LORES OF LING Canditions, if any, which ! WN gave rise to immediate DUE TO cosse (a), stating the underlying cause lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(D) 19, WAS AUTOPSY PERFORMED? YES INO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Haur a.m. factory, street, office bldg., etc.) While Not while ot wark | of work 21. I certify that toffended the deceased from December 18, 1956, to March 3 57 has dead a description of the second rative concentration with the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Fort Howard SIGNATURE PHYSICIAN'S ROLAND D. PINCE DE LEON, M.D. NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (State) REMOVAL (Specify) mar esley Chanel Wesley Chapel. Id. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 248. REC'D BY REGISTRAR 24b. REGISZRAR'S SIGNATURE Edward Tipton Funeral Hore, Ramstead, Md.

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777-1097

| 1 (| | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|---|-----|----------|--|
| \$ Z & | | | 02639 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02639 |
| necessary, please estar. Face 4 shauld r togge 4 shauld | | | PLACE OF DEATH O. COUNTY O |
| irect lirect les. | * | | York Rd. York Rd. |
| oth. If any dela i to the funeral ained for your fi with the registrar | | 5. 5 | WIDOWED DIVORCED - April 6 1883 19 yrs. Months Days Hours Min. |
| 24 hours after de Pages 1, 2, and 3 age 5 may be rek e pages 1 and 2 v | | 13. | 15 S C M D C C DOX F C O Y L MOTHER'S MAIDEN NAME 10 N M C N C O Y C O Y C O Y C O Y C O Y C O Y C O Y C O C O |
| ithin 24 f Give Pag 3. Page 7. File po | () | | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (INFORMANT) Address Ad |
| should be executed wing the pencil in Item 18. Control of the permit of the permit of the permit. | | | 18. CAUSE OF DEATH [Enter only one cause per line for](a), (b), and (c).] PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lest. (c) |
| ficate Jing" Office | ی | CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| his certi d'ipen aminer's Id be u | | CERTIFIC | 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) |
| NNER: This the word dical Exam | | MEDICAL | 20c. TIME OF INJURY Month, Doy, Year Hour o, m, While ot work of work of work 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foclory, street, office bidg., etc.) 20f. (City or town) (County) (Stote) |
| riting of Me | | | 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that |
| TY MEDICAL I certificate willed to the CAL DIRECTOR | | | death resulted from Natural causes Acsident Suicide Hamicide Undetermined cause ACTUAL SIGNATURE SIGNATURE SIGNATURE |
| DEFUT of the convarde FUNER | | 326 | NAME (Type) // // // // // DEPUTY MEDICAL EXAMINER OCO V BURAL CREMATION, 22b, DATE THEREOF 22c, NAME OF CEMETERY OR: CREMATORY // 22d, LOCATION (6 tv. lown, or county) (Sinia). |
| Q ≥ 2 0 5 Vs. A15ME(5) | | 7 23. | Serioval (Specify) March 29 (BMary and Line Com Mary and inc. Funeral Director's Signature Adoress. Adoress. Adoress. |
| 5M 9/55 | | X | Jacob Holling Will Jallion, Valoris 130/57 Corester & Feellon |

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| 1 | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02641 |
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| id ba | / | I then To Fill we is 7 st Reg. Dist. No. |
| should crematic | | PLACE OF DEATH O. COUNTY By H. + 1MOY F MARYLAND O. STATE MARYLAND |
| 7.0 W | | b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) |
| Pog P | | ESSEX 10475 54ES8EX |
| or. | ľ | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . L . IS RESIDENCE ON A FARM? |
| direction is prior | | 919 LUTZ AUE 919 LUTZ AUE YES NO |
| r dele eral our fi jistror | | 3. NAME OF DECEASED (Type or print) / OSEDH HOTHOUS / TOSEWAS) 4. DATE MONTH Doy Year TO 19 57 |
| or y | - 1 | 5. SEX 6. COLOR OR RACE 7. MARRIED F NEVER MARRIED 18. DATE OF BIRTH / 9. AGE (In your IFUNDER 14 ARS. |
| in the state of th | | MALE White WIDOWED DIVORCED NOV 1884 Togs Months Days Hours Min. |
| deo deo deo deo deo | | 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| be be | | 7 Allor CLOIN, 1949 LITHUANIA Lithuania |
| T TO THE TOTAL OF | | FURNK LUKOSEWICH FLIZABETH |
| Poges | Ī | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wer or deter of service) |
| 11 19 年間 | ^ | NO None 215-03-5607 URSUIA LUCAS 919 LUIZ HUE |
| WEST CO. | | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH |
| ra is | | PART 1. DEATH WAS CAUSED BY: H-S-C-V-DISEAS |
| reconstruction for the formal | | 4 d d of pue to |
| New York | | Conditions, if any, which) (b) |
| and land | | gave rise to immediate cause (a), stating the underlying DUE TO |
| 15 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | couse lost. (c) |
| Office d os | _ | PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED P |
| ingring as a second | | 200 EXTERNAL CALISE WAS 200 DESCRIBE HOW INVITED OCCURRED For source of injury in Book for Book I of Ison 18.) |
| d be | | PRIMARY G G CONTRIBUTING G CAUSE OF DEATH. |
| Exo ball | | |
| The w | | 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20o. PLACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (Slote) Hour a, m. p. m. 19 of work at park |
| EXAM Aec | | 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection I inquiry I and find that |
| | | death resulted from: Natural causes . Accident, . Suicide . Homicide . Undetermined cause . |
| foote, the C | | DATE SIGNED |
| AED Hiffo | | SIGNATURE M.D. CHIEF MEDICAL EXAMINER 3 |
| ry ped cer wol. | | EXAMINER'S M B D 21/15 M > ASSISTANT MEDICAL EXAMINER [] |
| DEPUTY I | | NAME (Type) // / / / / DEPUTY MEDICAL EXAMINER // |
| cute for of D | | 22c. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stops) BRIVE 19 1 - 57 HILLY RegERENCE BALTO MG |
| | | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE |
| VS. A15ME(5) 5M 9/55 | | Leonar I Schwar 2/01 Trederick Goste I duth I a |
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02643 **CERTIFICATE OF DEATH** 02643

Reg. Dist. No.

| 1. | PLACE OF DEATH B. COUNTY | elto. | | MAR | YLAND | 2 USUAL RESIL | | ere deceased . | lived If institution b. COUNTY | | e before o | admission) |
|------------------|---|--|---------------|--------------------------|-----------|--------------------------------------|----------------|-----------------------------|--|-------------|------------|--|
| | b. CITY OR TOWN (I | f outside corporale limi | ils, write | 1 yr. | (IN 16 | c. CITY OR 1 | Ot. in | Se Mi | ate fimils, write R | URAL and gi | ve neares | t town) |
| | OR INSTITUTION | At (If not in hospital, g | | oddress) C'bed Lane | 9 | d STREET A | | rbed | Lane | | 1 1 | S RESIDENCE ON A FARM? ES NO N |
| 3. | NAME OF DECEASED (Type or print) | John H. 1 | rst | Middle | | laı | | 4. DATE OF DEATH | Mon | rch 4 | Day | Year 19 5 7 |
| 5. | SEX M. | 6. COLOR OR RACE | 7. MARR | NEVER MARRIED DIVORCE | | Dec. 1 | | 98 | AGE (In years last leighday) | | | |
| 100 | during most of work | ON (Give kind of work king life, even if retired n ter | done 10b. | Self Emp | | TRY 11 BIRTHPL | ACE (Stote o | | | 12 CITI | | VHAT COUNTRY |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S | MAIDEN N | AME | | | | |
| П | Valenti | ne Manche | ЭУ | | | | Unkn | own | | | | |
| 15 | WAS DECEASED EVE | R IN U. S ARMED FOR | CES? 16. | SOCIAL SECURITY NO |) [17. IP | FORMANT | | | Adde | ress | | |
| [N | n. no. or unknown) | If yet, give wor or dates of s | ervice) | 219-03-61 | 143 | Viola | M. M | anche | y. Owin | ngs M | 1115 | .Md. |
| No | Conditions, if a gave rise to li couse (a), stating lying couse lost. | nmediate (| A: | ngine Ped | ctor | |) THE TERMIN | VAL DISEASE | CONDITION GIV | 'EN IN PART | ONSET | AL BETWEEN AND GEATH MIN. |
| Š | | | | | | | | | | | F | ERFORMED? |
| AL CERTIFICATION | | S UNDERLYING CAUSE OF DEATH MEDIGAL SXAMINER) | no: | | | | | | | | | |
| MEDICAL | Hour a. p. m. | Month, Day, Yes | While of worl | IJURY OCCURRED Not while | ne | CE OF INJURY () lory, street, office | e bldg., etc.) | no | ne | | ounty) | (Stote) |
| | actual SIGNATURE | at I attended the 3-1-57 | | and that | t death | occurred at | 8:45 | M, from DORESS (Single ROP) | the causes a set, city or town, and and a spray! | ind on the | e date | the deceased stated above DATE SIGNED 3-5-57 |
| 220 | BURIAL CREMATIO REMOVAL (Specify) | N, 22b. DATE THEREC |)F | 22c NAME OF CEM | ETERY OF | CREMATORY Cemetery | | | ON (City, town, o | | ylan | (Stote) |
| 23. | FUNERAL DIRECTOR | S SIGNATURE | | ADDRESS | | | 24a. REC'D | BY REGISTR | AR 24b. REGIS | TRAR'S SIGN | NATURE | |
| L | J.F. Elir | e and So | ng.R | cicterate | own. | Ma, | DATE 3 | 3-7-57 | Mar | y B. | Eiii | ne |

TANGER

02644 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 447 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN III c. JENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give coprest town! 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES NO NAME OF Middle DATE Month Day Year DECEASED OF DEATH (Type or print) 19.1 7. MARRIED NEVER MARRIED 7 8. DATE OF BIRTH OR RACE 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Doys Months Hours Min WIDOWED IT DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and 13. FATHER NAME MOW 14. MOTHER'S MAIDEN NAME Pages 10 Page S S 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES A NOF 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) Hoor Not while at work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection \ Inquiry and find that death resulted from a Natural causes 1. Accident . Suicide . Undetermined cause [Homicide . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 SIGNATURE FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** cute the NAME (Type) DEPUTY MEDICAL EXAMINER 220. SUR AL, CREMATION, 22b. DATE THEREOF 225 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or country) 23 FUNERAL DIRECTOR'S SIGNATURE 240/REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUNEAU B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02645 02645 CERTIFICATE OF DEATH Rea. Dist. No. director, 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. (f institution: Residence before admission) o. COUNTY o. STATE ryland Tarte VAriety Ever Balto. Co. MARYLAND b. COUNTY b. CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate finite westerRURAL and give nearest town)
Catonsville RURAL and give neorest town) life d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE 12 Shipley Ave. OR INSTITUTION ON A FARM? l'emorial Home Dauglas YES NO Y 3. NAME OF Middle 4. DATE DECEASED Matthews OF DEATH Taila (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH P. AGE (In years lost birthday) Jan. 16. Months Doys Hours Colored Female WIDOWED TALL DIVORCED | 를 papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) rbon po Howard Co. Maryland Domestic 14. MOTHERS MAIDEN HAME FULLET 13. FATHER'S NAME maye John Harris IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address Olevia Tubman 1318 N. Stockton Street. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH ם PART I, DEATH WAS CAUSED BY: Mitral Insufficiency davs **DUE TO** Arterio-sclerotic Heart Disease Conditions, if any, which] gove rise to immediate DUE TO cosse (a), stating the underlying couse lost. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg , etc.) Hour a.m. While Nat while at work 🗍 at wark p. m. , 19_____, to 3/15/57_____19____that I last saw the deceased 21. I certify that I attended the deceased from 9/IO ____, and that death accurred at III . 30M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE Winters Lane. Catonsvil shau PHYSICIAN'S NAME (Type) C.F. Maloney. FUNER/ 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) Burrial 18_1957 Arbutus Memorial Park Baltimore Lary and 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 245_REGISTRAR'S SIGNATUL 24g. REC'D BY REGISTRAR VS A1S (4) MAR 2 0 '57 DATE William A. Jackson Buneral Home Inc. 15M 9/SS 916 Pennsylvania Ave. Balto. 1. 1%.

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| 2 - Sau | | COUNTY BUTTON |) MARYLAND | 2. USUAL RESIDENCE (Who o. STATE | | If institution: Residence. | e before admission) | |
| e e e e e e e e e e e e e e e e e e e | 1 | o. CITY OR JOWN (if outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 15 | c. CITY OF TOWN (IF or | utside corporate lir | nits, write RURAL and g | | _ |
| | (| alazurille | 6.000 | 1262676 | srill | <u></u> | 17/4. | |
| 0 | | B NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION | arient. | d STREET ADDRESS | une | nd ar | e is residence on a farm? YES NO | -4 |
| | 1 | NAME OF DECEASED (Type or print) | Middle 7777 | loss | 4. DATE OF DEATH | Month | Oay Yeor | - |
| 4 | 5. 5 | SEX 16. COLOR OR RACE 7. MARR | NEVER MARRIED | & DATE OF BIRTH | 9. AG | E (In years IF UNDER | TYEAR IF UNDER 24 HE | ₹5, |
| | | 711 de WIDOWE | | 1/16/93 | _ 6 | The Months | Days Hours Min. | |
| - 1 | 100 | JUSUAL OCCUPATION (Give kind of work done 10b. | KIND OF BUSINESS OR INDU | STRY 11. BIRTHPLACE (Stole of | or foreign country) | 12 CIT | ZEN OF WHAT COUNT | TRY? |
| Š | | FATHER'S NAME | rcery Litra | 14. MOTHER'S MAIDEN N | 2172 | | la 9. | |
| ۱. | 1 | TONE | adil and I | 1-/- P | Ame / 1 / 1 | | . / | |
| and the same | 15. | | SOCIAL SECURITY NO. 17. | NFORMANT | | Address | and of | |
|) | / | [H yes, give wor or dates of service] | // 27 | 200 ann | 200 / | 1 cirle | ery: | |
| | | 18. CAUSE OF DEATH [Enter only one couse per list PART I, DEATH WAS CAUSED BY: | or (o), (b), and (c)] | in An | | 11 | INTERVAL BETWEEN | |
| | | IMMEDIATE CAUSE (o) | parcing | W / Xis | nga | V | 4 | |
| | | Conditions, if any, which) | with | Milas | there | | 3 mmt | The |
| | | gove rise to immediate (b) cotse (c), stating the under- | | 1.0-0-0 | | | | |
| | | lying couse lost. (c) | | | | | | |
| | CATION | PART II. OTHER SIGNIFICANT CONDITIONS | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMIN | NAL DISEASE CON | DITION GIVEN IN PART | Ho) 19. WAS AUTOPS | Y |
| | FICA | 20. ACCIDENT WAS UNDERLYING EL 201. DEC | Color House Albiev Accident | D 45 | | . 10. | YES NO |] |
| | L CERTIFI | 20g ACCIDENT WAS UNDERLYING TO DESCRIPTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D. (Enler nature of injury in F | ort i or rori ii or i | rem 18.} | | |
| | MEDICAL | Hour a. m. White | | ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) | | rn) {C | ounty) (Stot | e} |
| | ME | | k of work | .20 0 | 1/2 | | | |
| | | 21. I certify that I attended the decease | ed fram | 19.5 lo | 7-7- | | ast saw the decea | |
| | | alive on 19 | and that death | | _,M, from the APDRESS (Sizes), ci | | e date stated abo | |
| 1 | | ACTUAL SIGNATURE 6 has 4 | Jahn | M.D. 2145 | W/2a | ltimu | ST | 4ED |
| , | | PHYSICIAN'S Char Ess | 4 Cahn | /s | Balle | more | Mil | 4 444 -44F H |
| | 220 | BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY O | R CREMATORY | 22d. LOCATION (| ity, towe, or county) | Michigan (Stote) | |
| | 23. | FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 24a. R6CX | BY REGISTRAR | 746, REGISTRAR'S SIG | NATURE | |
| | | Mac Hall & | con. | DATE | - A T 3/ | U.S. edu | e Sa | |

meral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be the character of the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shall be registrar prior to burial, cremation, or removal, and in any event within 72 hours after death VS A15 (4) 15M 9/55

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02647 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Center Penna. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Middle Hiver Howard d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K 1216 Shore Rd. 3. NAME OF 4. DATE First Middle Lost Month Dov Year DECEASED OF DEATH 19 57 (Type or print) Phoebe McCaulev March 1. Himma. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdoy) Days Hours 84 Female White WIDOWED X DIVORCED [7] 1-26-1873 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. Retired Housewife U.S.A. Penna. corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ŧ Ceciela Callahan Edwin Lot Bergstreser гета 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address John B. McCauley 1216 Shore Rd. NO None attending 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) HR 11.20.1 **DUE TO** Conditions, if ony, which gned gove rise to immediate DUE TO cottse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 0 YES NO Z 20g. ACCIDENT WAS UNDERLYING IN OR CONTRIBUTING IN CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. [City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) 0. m. While Not while at work 🗍 of work D. m. 195 7, to_ Has 1 1952, that I last saw the deceased 21. I certify that I attended the deceased from, and that death occurred at 9:1517 M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should PHYSICIAN'S EMENO FUNERAL NAME (Type! 220 BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) pode REMOVAL (Specify) 3-1-1957 Removal Hublersburg Hublersburg Penna 2 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Eastern Ave. Bruzdzinski

death.

BUREAU V. S.

| | MARYL | AND | STATE DEPA | RTM | ENT OF H | IEALTH | -BAL | TIMORE, 1 | 8 | 026 | 648 |
|---|---|-----------------------------|---|------------------------------------|--|----------------------|---|---|----------------------------------|---------------------------|--|
| | 0: | 264 | S CERTI | FIC | ATE OF I | DEATH | | | Reg. Dist. | | 44 |
| 1. PLACE OF DEATH COUNTY Balti | more | | MARY | LAND | 2. USUAL RESI • STATE Mary | DENCE (Whe | re deceased | Lived. If institute b. COUNTY | on. Residence | before od | (mission) |
| RURAL and give n | If outside corporate limit earest town) Howard | s, write | c. LENGTH OF STAY | IN 16 | 1 | imore | | role limits, write R | URAL ond giv | re neorest | town) |
| OR INSTITUTION | TAL (If not in hospitol, g Administrat | | | | d STREET | | | | | 0 | RESIDENCE N A FARM? |
| 3. NAME OF DECEASED (Type or print) | Fin WILLTA | | Middle J. | | McGRATH | | 4. DATE OF DEATH | March | | Day | Yeor 19 57 |
| 5 SEX Male | 7.75 | 7. MARR | DIVORCE | | June 30 | - 000 | | 9 AGE (In years lost birthdoy) 74 yrs | | YEAR IF U | NDER 24 HRS ore Min. |
| during most of wor | ON (Give kind of work of king life, even if retired) y Engineer | | kind of Business on Chool Build | | | imore, | | | | S. A. | HAT COUNTRY? |
| Patrick M | cGrath | | | | CONTRACTOR | Butler | ME | | | | |
| IS WAS DECEASED EVI | R IN U. S. ARMED FOR It yes, give wor or dates of st. WW. I | ES? 16. | social security no Unknown | | nformant inical R | ecords | ,Vet. | Adm. Hosp | | oward | l,Md. |
| PART I. DE/ | mmadiote (| AD) | te for (o), (b), and (c). ENOCARCINON PASTASIS RAPLEGIA BI | IA O | | | | | ED | ONSET A | L BETWEEN AND DEATH LARS ONTHS \$\(\) |
| OR CONTRIBUTION | HER SIGNIFICANT CONC clerotic he ns: Myelogr | art & arn & 206. DESC | ONTE BUTING TO DE SISEASE LE LAMINECTOR CRIBE HOW INJURY O | ATH BUT TININ TY 1 CCURRE | NOT RELATED TO ectomy I 1/17/56/ D. (Enter noture o | THE TERMIN 3 T4 T | JAL DISEASE Sem dura ort I or Port | condition gives oval of tumor(| en in part i extra- partia | (o) 19 W PE 1 y)ES | AS AUTOPSY REORMED? |
| ZOC. TIME OF INJUI | RY Month, Day, Yea | r 20d It White of wor | Not while | | ACE OF INJURY (ctory, street, offic | | 20f. (City | or town) | (Cod | unty) | (State) |
| XDDGXGGCXXX | SEPH M. MITI | XXIPX | | death | occurred at | 8:25A FORT | M, from DDRESS (SII HOWAR | the causes a reet, city or town. D. MARYI. | end an the stote) | dote si | toted above. DATE SIGNED |
| 220 BURIAL CREMAT C REMOVAL ISPECTLY Burial | March 1, | | New Cathe | ETERY O | R CREMATORY | 1 | 224 LOCAT | ION (City, town, o | rvland | (| Slote) |
| 23. FUNERAL DIRECTOR | rs signature | OØE. | ADDRESS Beltimore | Str | eet | 24a. REC'D | | 246. REGIS | TRAR'S SIGN | L | Farler |

Moran Fineral Home, 3000F. Baltimore Street

VS A15 (4) 15M 9/55

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| | 1 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | 00010 |
|-------|----------|---|--|
| | L | 02649 CERTIFICATE OF DEATH | 02649 Dist. No. |
| (155 | 1. | LACE OF DEATH . COUNTY 132/+ intere MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE Maryland b. COUNTY) | dence before admission) |
| | | CITY OR TOWN (If outside corporate limits, write RURAL on RURAL and give peorest town) (2 to 115 vi 16 14 xr. 4 mth. 20 45. Belt. City 3 vo 1 | d give nearest town) |
| * | | OR INSTITUTION OR INSTITUTION SPRING GROVE STATE HOSPITAL 3915 Falvilew Ave, | e IS RESIDENCE ON A FARM? YES NO TO |
| | 3. | NAME OF First Middle Lost 4. DATE Month PetaseD Type or print) Sadie Pettit Medealf DEATH March | Doy Year 13 1957 |
| | 5 | femile White WIDOWED IN DIVORCED DECEMBER 19,1880 OST DIVINOVIDAD Months | ER TYEAR IF UNDER 24 HRS. Doys Hours Min. |
| 1 | 100 | duction most of working life away if retread) | U. S. A. |
| 1 / | 13. | THOMES Franklin Pettit Emma Poultney | |
| .) | | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. Yes, give wor or dates of service) 18. SOCIAL SECURITY NO. 17. INFORMANT 19. RECORDS: SPRINE GROVE STATE + | ts PITAU |
| | | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: | INTERVAL BETWEEN ONSET AND DEATH |
| | | 4 dd / MMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease | |
| | | Conditions, if ony, which gove rise to immediate DUE TO | |
| | - | lying couse tost. Out to Co Co Co Co Co Co Co | |
| id | CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III. | PERFORMED? |
| | CERTIFIC | Senility 200 ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CONTRIBUTION COURRED. (Enter nature of injury in Part 1 or Part II of item 18.) | YES NO |
| | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While of work | (County) (State) |
| | | 21. I certify that I attended the deceased fram Min 9 19. 1. to March 13, 19. 7, that | I last saw the deceased |
| | | alive an March 12, 19.17, and that death occurred at 10.11 p.M. from the causes and an ADDRESS (Street, city or town, stole) | |
| | | ACTUAL STELLE Washer M.D. SPRING GROVE STATE | 4 |
| | L | PHYSICIAN'S Stella Wachsley, M.D. Cztonsville 28 Md. | |
| | 220 | 8URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county Burial 3/16/57 Lorrai be Park Com. Woodlaym Md | r) (State) |
| | 23. | UNERAL DIRECTOR'S SIGNATURE / (/ ADDRESS // 240, REC'D BY REGISTRAR 246, REGISTRAR'S | SIGNATURE |
| CK | | MMI. 4 Michener 7 Sous - Wall to / DATE MAR 15 57 Quel | |
| 1 | | WY | |

BUREAU V. S.

7261 81 AAM

BECEINED

HOSPITAL

BUREAU V. E.

DECEINED

death. After this hird copy of this

third

the registrar within 72 hours in by the funeral director, the

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

RETRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02651

CERTIFICATE OF DEATH 02650

| | | Reg. Dist. No |
|--------|---|--|
| | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (HOME) OF DECEASED |
| | COUNTY BALTIMORE MARYLAND | STATE MARVLAND COUNTY |
| - | CITY (If outside corporete limits, write RURAL LENGTH OF STAY (in this piece) | CITY (It outside corporeta limits, write RURAL and give nearest town) OR |
| | TOWN stonsoille 7 weeks | TOWN BALTIMORE |
| | HOSPITAL OR INSTITUTION OR | STREET (If surel give location) ADDRESS |
| , | STREET ADDRESS SHADY NOOK HOME | 248 S. Louden Ave. |
| | 3. NAME OF (First) (Middle) DECEASED | (Lesi) 4. DATE (Month) (Day) (Yeer) |
| - | (Type or Print) HARRY MEG | Th SR. DEATH MARCH 19, 1057 |
| | S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED, | |
| | MALE White Specify MARRIED Sept. | 3, 1874 8.2 yrs. Months Deys Hours Min. |
| | 10e. USUAL OCCUPATION [Give kind of work done during most of working life, even if OR INDUSTRY | H. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| 71 | retired BUTCHER SELF EMP. | BALTO-MARYLAND U.S. a. |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | HENRY MEETH | CATHERINE TRIBBE |
| | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yas, np. pr unk.] (If Yes, give wer or detes of service) | 17. INFORMANT & ADDRESS Mee, Th |
| | No. 11 to 1 | MRS. WILLELINA E. FLANDOR |
| | I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | TIPICATION INTERVAL BETWEEN ONSET AND DEATH |
| | 422 / IMMEDIATE CAUSE (A) CATALOVAS | ocular Circado MELO |
| | ANTECEDENT CAUSE(S) DUE TO | |
| | DISEASES OR CONDITIONS, IF ANY, (8) | clused. |
| | GIVING RISE TO THE ABOVE CAUSE DUE TO | |
| | (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | |
| | TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| | 190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
| 0 | OF A COUNTY WAS TAINED WHAT TO LOUIS BLACK IN | YES NO |
| | OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) | tc. WHERE DID INJURY OCCUR? (City or town) (County) (State) |
| | | RH. HOW DID INJURY OCCUR? |
| | M. et work at work | |
| | 22. I hereby certify that hat patiended the deceased from | 1956, to 9/19, 1950, that I last sew the deceased |
| 1 | | 11.10 Am, from the causes and on the date stated above. |
| 10/4 | SIGNATURE | ADDRESS (Street City, town, state) DATE SIGNAL |
| 1-55 1 | MISSAGE M.D. 5 | SHOTHALLETTH-PROPERTURINGS |
| C | 23. BULLAT, CREMATION, DATE THEREOF NAME OF CEMETERY OR | CREMATORY LOCATION (City, John, or county) |
| A15C | Daniel // 3/4/57 Loudon / | ask CEM. Dallimore Mayland |
| ۸۶ | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE | 25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS |
| | DATE 17 1 D 9 1 1957 R. St. Hedrick | H. Y. uman Definal |



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02651 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02652

Reg. Dist. No.

| 1, PLACE OF DEATH G. COUNTY | Baltimore | | MARYLANG | O. STATE | NCE (Where dece | ned lived. If institu b. COUNT | Υ _ | ce before edi | nission) |
|---|---|------------|---|--|----------------------------------|-----------------------------------|--------------|------------------------------|-------------|
| b. CITY OR TOWN | [If outside corporate firmits, write RURA] | c. | LENGTH OF STAY IN 16 | | | rporate limits, write | - | | awn) |
| rural- | twn} | | 30vrs | c. CITY OR TOWN (If autide corporate limits, write RURAL and give nearest town) rural Balto | | | | | |
| | PITAL OR INSTITUTION (If not | n hospital | | d. STREET ADD | | | | e, IS | RESIDENCE |
| | | | | 2801 Li | nganore, | Balto 14 | | | A FARM? |
| 3. NAME OF DECEASED | First | | Middle | Last | 4. DATE | Mont | h | Day | Year |
| (Type or print) | Frank | M | | Metzler | OF DEATH | Mar | 19 | 9 | 19 57 |
| 5. SEX | 6. COLOR OR RACE 7. M | ARRIED [| NEVER MARRIED | 8. DATE OF BIRTH | | 9. AGE (In years lost bothday) | IFUNDER 1 | | DER 24 HRS. |
| male | white wo | OWED [| DIVORCED 🔲 | 26 Aug 1 | 898 | 58 yrs. | Months D | ays Hours | Min. |
| 10a, USUAL OCCUPA | TION (Give kind of wark done king life, even if retired) | 10b. KIND | OF BUSINESS OR INDU | STRY 11. BIRTHPLACE | (State or foreign | country) | 12. CITIZI | | T COUNTRY? |
| Pain | | Art | Painting Co | ro Bal | timore | | | USA | |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MA | | | | | |
| Joh | n Metzler | | | Her | eretta F | iernstein | 1 | | |
| 15. WAS DECEASED (Yes, no. or unknown) | EVER IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service) | 16. SOC | IAL SECURITY NO. 17. | INFORMANT | | Address | | | |
| No | | 220 | -09-8883 J | osephine M | fetzler 2 | 801 Lings | nor Av | re . | |
| 18. CAUSE OF DE | EATH [Enter only one cause per | line for (| a), (b), and (c).] | | | | | INTERVAL BETY ONSET AND D | VEEN |
| PART I, DE | EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Myoc | ardial Infa | retion | | | | Ins | |
| 420. | DUE TO | | | | | | | | · |
| Canditions, If | | Chro | nic Coronary | Artev Di | sease | | | un | det |
| gave rise to imm | | | | | | | | | |
| cause last. | (c) O | r as | soc with Hy | pertensive | Cardiova | scular D | isease | und | et |
| PART II, O | THER SIGNIFICANT CONDITION | S CONTR | BUTING TO DEATH BUT | NOT RELATED TO THE | E TERMINAL DISEA | E CONDITION GIV | EN IN PART | 1(a) 19 WAS PERF YES | ORMED? |
| 200. EXTERNAL C | AUSE WAS 206. DES | CRIBE HO | W INJURY OCCURRED. | (Enter nature of injury | in Part I or Part I | of item 18.) | | 1 | THE LOCAL |
| CAUSE OF DEATI | ONIKIBUTING LL | | | | | , | | | |
| 20c. TIME OF INJ | n, | While | RY OCCURRED 20e. PL Nat while for at work | ACE OF INJURY (Ham tory, street, office bld | e, form, 20f, (Cit g , etc.) | y or tawn) | (Cavn | ועי | (Slate) |
| 21. I certify | that I took charge of t | he rem | ains described ab | ove, held an Ac | utopsy [], I | nspection 3 | Inquiry | , and | find that |
| death results | ed from: Netural cause | "五人 | Accident . Su | icide 🔲, Hom | nicide 🔲, U | ndetermined o | couse . | | |
| ACTUAL SIGNATURE | John & | 1)- | M | M.D. CHIEF MEDI | CAL EXAMINER |) | | DATE | SIGNED |
| EXAMINER'S NAME (Type) | JOHN C HYL | E MD | 0 | | MEDICAL EXAMIN DICAL EXAMINER | _ | | 3-19- | 57 |
| 22a. BURIAL, CREMAT REMOVAL (Special | fy) | | NAME OF CEMETERY OF | | | TION (City, town, | | (Sto | |
| 23, FUNERAL DIRECTO | | 957 N | ADDRESS ADDRESS | | REC'D BY REGIS | ylor Aver | STARR'S SIGN | | |
| | Brothers 7110 | Belai | r Road Balt | . 13 | 100 | 40-0 | Va 1 | mi | Baron |

VS. A15ME(5) 5M 9/55

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BUREAU V. S.

| 02653 CERTIFICATE | OF DEATH 34 |
|--|---|
| Iter 9 FilmG212 3-26 | 6-57 et. Reg. Dist. No. |
| 1. PLACE OF DEATH COUNTY Baltimore MARYLAND | STATE Matyland COUNTY Baltimore |
| CITY (Il outside corporate lymits, write RURAL OR and give neerest town) TOWN Month Form 28445 | CITY (If outside corporate limits, write RURAL end give neerest town) OR TOWN Mark And Christ |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS MONKETEN Rd | STREET ADDRESS MONICTON Rd |
| 3. NAME OF (First) (Middle) Clarence Edward Mi | (Lest) 4. DATE (Month) (Dey) (Year) OF DEATH March 15 1857 |
| M RACE WIDOWED DIVORCED, 5 Aug | 7, 150 |
| relired Bugins ect PR RISUSTRY | 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY? USA |
| Clarence B Miller | Dora Naylor |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] [If Yes, give wer or dates of service] 717-67-882 | 9 Wite - Same |
| 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | OF Bladded INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSE(S) DUE TO | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) | |
| 18 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. | |
| 198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES NO |
| OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) | (State) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while at work at well a | 211. HOW DID INJURY OCCUR? |
| 22. I hereby certify that lattended the deceased from Jugues alive on 1 4 Maril 1957, and that death occurred at | 5.1. M, from the causes and on the date stated above. ADDRESS (Street, city, towerstate) ADDRESS (Street, city, towerstate) |
| halta 1. Keen M.D. | Cochysoelle his 15 Harch 1957 |
| 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY) BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY) AREA OF CEMETERS OF THE PROPERTY OF THE PROP | Baptist Ceiu, Heireford, Mct. |

CLAN CH MOSTITAL: The law require that the destinate be executed within 2 servined by the hospital or attending physician. INSTRUCTIONS

> The bottom copy ma HO ATTENDINE PH

VS A15C 1-55 10M~

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| | | T | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|--|-----|---------------|--|
| | | | 02654 CERTIFICATE OF DEATH Reg. Dist. No. |
| Page director | | 1 | PLACE OF DEATH COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) COUNTY B. CO |
| death: | 200 | 1 | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Monkton CEFE CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) A Mark Fund |
| by the by | | - | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MANAGE OF HOSPITAL (If not in hospital, give street address) ON A FARM? YES IT NO [|
| 24 haur ed in b | | 3 | NAME OF DECEASED / First Middle Lost 4. DATE Month Doy Year |
| ely fill. | | 5 | (Type or print) - AMES FLLISON MILLER DEATH 3 23 1957 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Haves Min. |
| omplet pers. | | 10 | G. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY |
| and co | , | 13 | during most of working life, even if retired) FARM HAND FARM [14. MOTHER'S MAIDEN NAME] |
| sician arve corbo | , | | AIFRED JAMES MILLER CHARLOTTE AND HALL |
| ng phy e remo 72 hou | ` . | | . WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT SE TO, OF UNROWN) IF you give your or drive of service) NONE THEL MARIE MILLER MORNITON, M. T. |
| death attendi pleas within | , | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE for Concurrence of Recovery to Management of Concurrence of Recovery to Management of Concurrence of Concurrence of Recovery to Management of Concurrence o |
| y the There | | | 154X DUE TO |
| uires t gned k permit in any | | 1 | Conditions, if any, which gove rise to immediate couse (a), stating the under- |
| sicion. seen si ronsit 1, and | | Z | Part 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| The long physe has be notial-tremaval | 0 | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) |
| CIAN: stendin tificat is the l | | | |
| PHYSI of or c this cer r use c | | MFDSCAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ji. p. m. 19 While Nat white at work at wor |
| hospil Affer hed fo | | | 21. I certify that I attended the deceased from 72, 153, to March, 187, that I lost saw the deceased alive on 22 March, 1857, and that death occurred at 2 4 M, from the causes and an the date stated above. |
| by the | | | ACTUAL MORES (Street, city or town, stote) DATE SIGNED CONCESS (Street, city or town, stote) DATE SIGNED |
| Idined I | | | PHYSICIAN'S IN APPEN T. Kees Man T. Kees |
| HOSPITAL may be relai FUNERAL page 3 shoulthe registror | | 27 | MAME (Type) VV CL TEV / CONTROL OF CEMETERY OR CREMATORY 22d LOCATION (City, Town, or county) (State) |
| TO HO may E TO FUN | | 23 | 1. FUNERAL DIRECTOR'S SIGNATURE ADDRESS & O. A. C. 240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE |
| VS A15 (4) 15M 9/55 | ţ | 4 | m. l. lehatmanh-1701/17. Callot Strong 2 2 15-17 Eliz Gorando |
| | | | foldthe IVIA. Brosses |

BUREAU V. S.

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MARTIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02655 CERTIFICATE OF DEATH

eg. Dist. No. 38

| 9 1 | Ttem 9 FilmCala 3 | -19-57 et | ********************* |
|--|---|--|--|
| 9 | 1. PLACE OF DEATH- COUNTY BALTIMORE MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MARY/AND COUNT | BAITIMARE |
| ully. | CITY (If outside corporate limits, write RURAL and OR give page) town) ROSERS FURSE (in this place) | CITY (II outside corporate limits, write RURAL and gr OR TOWN ROFERS FOREE - BALTA | re nearest town) |
| of information carefully leath clearly and legibly. | HOSPITAL OR INSTITUTION OR 7014 HEATHFIELD ROAD | STREET (If rural, give location) ADDRESS 7014 HEATHELE | D ROAD |
| rly az | 3. NAME OF DECEASED WILLIAM DEVIN | MINTER 4. DATE (Month) OF DEATH MARCH | (Day) (Year) |
| nform h clea | | | 1 fear If under 24 brs. Days Hours Min. |
| deat | 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) SHIPPING SUPPLY FABRICATION OF | II. BIRTHPLACE (State or foreign country) | COUNTRY? |
| | JAMES LETHRIDGE MINTER | FANNIE WILEY DE | VIN |
| be ear | 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or unknown) (If year, give war or dates of 4/16-07-7/158) | 17. INFORMANT FAMILY RECORDS | |
| Supply e | 18. MEDICAL CER' I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
| 0 | | OF CORONARY ARTERYALHE | |
| | Antecedent cause(s) APTERIOSCA | ERUSIS, General · Cerebral | 10 V 184 |
| DIN | Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | |
| UNFADING at. Physicians: | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | and management for progress, a 1 of 5 of | ### UP UP Desired |
| H L | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY7 |
| r, WITH Ul y important. | 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY PLACE (Home, farm, factory, street, INJURY) | (CITY OR TOWN) (COUNTY) | Yes No No (STATE) |
| NLY, | HOMICIDE / INJURY : INJURY OCCURRED OF INJURY m. While at Not While INJURY At work | HOW DID INJURY OCCUR? | |
| WRITE PLAINLY is especially | 22. I hereby certify that I attended the deceased from Dec. 4 | , 1954, to March 9th, 1957, that I last s | aw the deceased |
| TE P | alive on 44, 1954, and that death occurred at 9. | | |
| | A.S. Okolfent mas 62 | 10 YORK ROAD, Biltimore me | ! much sy |
| PLEASE | 23. BURIAL, CREMATION DATE NAME OF CEMETER REMOVAL (Section MAR. 10.1957 USKEY FUNE | RAL HOME ANNISTON, ALAB | State) |
| PLI | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | of the Business Anna Trace | ADDRESS |

VS. A15

MARGIN RESERVED FOR BINDING



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02656 CERTIFICATE OF DEATH

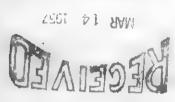
02657

CERTIFICATE OF DEATH

| Reg. | Dist | No |
|------|---------|------|
| nem- | P. 10.7 | 146. |

| | | | | | | | , | | | Neg. Dis | | | |
|-----|--|---|--------------------|--------------------|----------------------|---|--|-------------|------------------------------------|--------------|----------------|-------------|--|
|) & | | PLACE OF DEATH o. COUNTY Baltir ore | | | MARYLAND | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY | | | | | | |
| - | > b. | b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) | | | c. LENGTH OF STAY IN | N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and gi | | | | | ive nearest to | own) | |
| , | Cs | Catonsville | | | lmth8dys | ľ | Boltimore 3 Vol-4 | | | | | | |
| | d NAME OF HOSPITAL (If not in hospital, give street addres | | | | | | | | | e. IS F | ESIDENCE | | |
| | _5; | SPRING GROVE STATE HOS. | | | IŢ.L | | 2905 Garris | | son Blvl. | | YES NO E | | |
| | | AME OF ECEASED | Fin | d . | Middle | | Last | 4. DATE | | nth . | Doy | Year | |
| | | ype or print) | Samt | iel | Andrew | | Mutre | DEAT | H March | | | 19 57 | |
| | s se | X . | | 7. MARR | IED 🔼 NEVER MARRIED | | B. DATE OF BIRTH | | 9. AGE (In years last birthday) | Months | Dovs Hou | | |
| | | male | white | WIDOWE | D DIVORCED | | Dec. 7, 18 | 375 | 81 yrs | | 00/1 1100 | FS With. | |
| | 10o. | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZ during most of working life, even if retired) | | | | | | | | | ZEN OF WH | AT COUNTRY? | |
| 1 | | civil engineer | | building | | Iowa | | U. | | S. A. | | | |
| | 13. F | ATHER'S NAME | | | | | 14. MOTHER'S MAIDE | N NAME | | | | | |
| | | Joseph Moore Jane Sloane | | | | | | | | | | | |
| | 15. V | WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT Address | | | | | | | | dress | | | |
| P | 1141 | n. no. or unknown] (If yes, give wor or dates of service) none Records: CFLING ROVE STATE Hot | | | | | | | | | ITAL | | |
| | Ti | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] | | | | | | | | | | | |
| | | PART I. DEATH WAS CAUSED BY: Pronchannellmont a | | | | | | | | | | 10 days | |
| | | IMMEDIATE CAUSE (a) BI UTION DITENDITIES IN CARYS LU CARYS LU CARYS | | | | | | | | | | | |
| 1 | | Conditions if any which I | | | | | | | | | | | |
| ` | | gove rise to immediate | | | | | | | | | | | |
| | | Lying couse lost. Co | | | | | | | | | | | |
| | /z | | | | | | | | | | | | |
| | FICATION | PERFORMED? | | | | | | | | | | | |
| | | 20a ACCIDENT WAS HINDERLYING TO 20th DESCRIBE HOW INJURY OCCUPED (Fater polytre of injury in Port I or Port II of Item 18.) | | | | | | | | | | | |
| | E | OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | | | | | |
| | MEDICAL | ROC. TIME OF INJURY Hour o. m. | Month, Doy, Yes | r 20d. It While | | | CE OF INJURY (Home, I | | ity or town) | (C | quniy) | (Stote) | |
| | MEC | p. m. | 19 | | Not while | | | | | | | | |
| | | 21. I certify the | at I offended the | decease | ed fram Feb. | 27. | 19 57. to | March | 12 19 | 57bot Lli | ast saw th | e deceased | |
| | | alive on Ma: | | . 19 | | | occurred of 3:1 | | | | | | |
| | | | | | | | | | (Street, city or lown | | 0010 210 | DATE SIGNED | |
| | | ACTUAL SIGNATURE | Dadur | A | unden, | | AD JERING | GROVE | STATE | HOSFIT | AL 3 | 3-12-57 | |
| Ì. | | | | | | , | | | | | | | |
| | | PHYSICIAN'S NAME (Type) | Isadore | Tuerl | c. M. D. | | C≥tcn. | ville | 28, Maryl | end | | | |
| | | BURIAL, CREMATION REMOVAL (Specify) | , 22b, DATE THEREO | F | 22c. NAME OF CEMET | ERY OF | CREMATORY | 22d. LOC | ATION (City, Iown, | or county) | (5 | tote) | |
| | L.) | Burial | 3/14/57 | 7 | | Rd.d | ge Cem. | Pil | kesville, | Md. | | | |
| | 23. F | UNERAL DIRECTOR'S | 17 1 7. | .0/. | ADDRESS | - | 17 7/ 1240. R | EC'D BY REG | | ISTRAR'S SIG | NATURE | | |
| | V | 1111.2. | / colone | 1. 1. | 40-14 | ue, | LO / MLE DATE | MAR 1 | 4 '57 () | In ag. | | | |
| | | 7 | | | | | | | | | | | |

ENEEVN A. &



0 VS A15 (4)

YES NO F 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) (County) (State) Ruxton 4. Maryland. 21. I certify that I attended the deceased from 1951, 19, to March 3, 1957, that I last sow the deceased olive on February 26 , 19.57 , and that death occurred at 6:45 pM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) March 4, 1957 18 East Eager, Street, Baltimore 2, Md 22d-tQCATION (City, town, or county) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR - 246. REGISTRAR'S SIGNATURE

Reg. Dist. No.

Months Days

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

week

PERFORMED?

ADDROX

ON A FARM? YES NO DO

Year

195

3 % (") · !

DEGEINE:

| | | MARYLAND STATE DEPARTMENT (02658 CERTIFICATE (| OF HEALTH—BALTIMORE, 1 | 18 ()2659 |
|-------------|---------|---|--|---|
| | | CERTIFICATE | OF DEATH | Reg. Dist. No. |
| | | COUNTY D / . | AL RESIDENCE (Where deceased lived If institution in the country by country b | |
| | Ь | | ITT OR TOWN (If outside carporate limits, write f | |
| | | Buctimore Ba | ltimore 'A | |
| 1-1 | 7 | d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 34 34 | Fullerion Hights A | ON A FARM |
| | 3. 1 | NAME OF CHIEST Middle | Last 4. DATE Moi OF DEATH Manach | |
| | 5 S | Type or print) John L. Moyer SEX 16 COLOR OR RACE MARRIED T NEVER MARRIED 8. DATE | 1410000 | |
| | A | SEX 6 COLOR OR RACE MARRIED NEVER MARRIED 18. DATE. | OF BIRTH 9. AGE (In years lost birthday) 79 yrs | Months Days Hours Mit |
| Į. | 10a | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, during most of working life even if retired) | BIRTHPLACE (Stole air foreign country) | 12. CITIZEN OF WHAT COUN |
| ~ | (| arpenter (Ret.) | Baltimore Maryland | USA |
| | 13. | FATHER'S NAME | OTHER'S MAIDEN NAME | |
| - / | 16 | Jerdinand Mover WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMA | NY Ade | lress |
| Sales Sales | | s. no or unknown) (if yes, give wor endotes of service) | · · M | erton Huis. Av |
| # Mil | | 18 CAUSE OF DEATH [Enter only one couse per line for {a}, (b), and (c)] | una moyer 34 Jane | INTERVAL BETWEE |
| | | PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (G) Corelinal Hem | orleage | ONSET AND DEAT |
| | | DUE TO | 1.0 | 0-10000 |
| | | Canditions, if any, which) (b) Melastates Carce | noma of Brain | 2 week |
| | | gave rise to immediate cause (a), stating the under | · P d | 2.5 |
| | Ļ | lying cause lost. (c) (arelyonal o | 1 Cocon | Tyen |
| 0 | CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE | ATEG TO THE TERMINAL DISEASE CONDITION GI | VEN IN PART 1(0) 19 WAS AUTO PERFORMED YES NO |
| " | | 200 ACCIDENT WAS UNDERLYING TO 206 DESCRIBE HOW INJURY OCCURRED (Enler | noture of injury in Port I or Port II of item 18.) | 1 123 LI 140 |
| | CERT | 206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJUSY OCCURRED (Enter OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | |
| | MEDICAL | | INJURY (Home, farm, 20f (City or town) | (County) (S |
| | MED | Hour a.m. p. m. 19 of work of work | eer, orner blog , etc.) | |
| | | 21. I certify that I attended the deceased from 3-1- | | 7,that I last saw the dece |
| | | alive on 3-31, 1957, and that death occur | red at 6:10 FM, from the causes | and an the date stated a |
| | | ACTUAL (POL) NO. | ADDRESS (Street, city or town | , stote) DATE SI |
| 1 | | SIGNATURE Jaul & Mueller M.D. | 000 DELAIR | k-P |
| | | PHYSICIAN'S NAME (Typo) | | |
| | 220 | BURIAL, CREMATION, 226 DATE THEREOF ZZC, NAME OF CEMETERY OR CREMA | ATORY 22d LOCATION (City, town | or county) (State) |
| | 6 | removal (specify) 4/4/5/ Parrwood Ceme | tery Baltimore | Maruland |
| | 23. | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 240, REC'D BY REGISTRAR 246 REG | STRAR'S S GNATURE |
| | L | sonurd J. Ruck 5305 Harrord Rd. | AFR / | Dro. a. L. Vector |

BUREAU V. S.

REGEIVEU 1988 2 135.

BUREAU V. S.

DECEINED

| signed by the attending physician and completely filled in by the funntal directar, | it permit. Then please remave carbon papers. Pages I and I should filed with | nd in any event within 72 haurs after death. |
|---|--|---|
| TO FUNERAL DIRECTOR fler this certificate has been si | page 3 should be det de for use as the burial-transit | the registrar prior to burial, cremotion, ar remaval, and in any event within |
| | 1. DIRECTO for this certificate has been signed by the attending physician and completely filled in by the furning d | 4. DIRECTO — After this certificate has been signed by the attending physician and campletely filled in by the funntal dould be det — of far use as the burial-stransit permit. Then please remave carbon papers. Pages 1 an≡ ≡ should be det — of filled in the principle of the property. |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

| 020 | O O CERTIFICA | IL OI DEATI | <u> </u> | teg. Dist. No. 21 |
|--|--|----------------------------------|--|---|
| PLACE OF DEATH o. COUNTY | | 2. USUAL RESIDENCE (WH | nere deceased lived. If institutions | Residence before admission) |
| Baltimore | MARYLAND | o. STATE Mary | land b. COUNTY | Baltimore |
| b. CITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 15 | | sutside corporate limits, write RUR | |
| RURAL and give nearest town) Woodlawn | 2 Yrs. | X 66 Wage | dlawn, Marylan | d |
| d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION | oddress) | d. STREET ADDRESS | , , , , , , , , , , , , , , , , , , , | e IS RESIDENCE |
| OK INSTROTION | | / 4 Rus | sell Court | YES NO |
| 3. NAME OF First DECEASED | Middle | Lost | 4. DATE Month | Day Year |
| (Type or print) Marie | F. | Novak | DEATH Marc | |
| 5. SEX Female 6. COLOR OR RACE 7. MARR WHO WE | | November | lost birthday) A | UNDER 1 YEAR IF UNDER 24 HRS fonths Days Hours Min. |
| 10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) | KIND OF BUSINESS OR INDUS | TRY 11. BIRTHPLACE (Stote | | 12. CITIZEN OF WHAT COUNTRY |
| At Home | | OXZEX MIXE | XCzechoslovaki: | U.S.A. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | IAME | |
| Jordan Filipovs | kv | Barb | ara | |
| IS. WAS DECEASED EVER IN U. S ARMED FORCES? 16. | | IFORMANT | Address | |
| (Yes, no. or unknown) [If yes, give wor or dates of service] 2. | 19-03-3730 N | Ira. Agnes W | hittington - 4 H | Ruggell Court |
| 19. CAUSE OF DEATH [Enter only one cause per lis | | 11 D 1 11 11 11 11 | THE THE TOTAL - 1 I | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY | Hemiplegi | a right | | ONSET AND DEATH |
| IMMEDIATE CAUSE (o) | | 4 1 2 5 2 1 0 | | 7 40001 |
| | Conchasi | hemorrhage. | left | 1 week |
| Conditions, if ony, which (b) | Cerebrat. | nemor inage | Tero | T WOOLE |
| cosse (a), stating the under- | POMESTCTIC OA | DT TO WAR COURT | ים אמים מו | 70 270077 |
| | STREET, STREET | RDIOVASCULA | | 10 years |
| Part II. OTHER SIGNIFICANT CONDITIONS C | CANKIBUTING TO DEATH BUT | NOT KECKTED TO THE TERMI | NAL DISEASE CONDITION GIVEN | IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO 2 |
| OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRED | . (Enter nature of injury in I | Part I or Part II of item \$8.) | |
| | UURY OCCURRED 20e PLA | CE OF INJURY (Home, form | 20f. (City or town) | (County) (State) |
| Hoar a.m. While at world | | lary, street, office bldg., etc. | .) } | |
| 21. I certify that I attended the deceas | The state of the s | V 1955 to 29 | March 1957 | hat I last saw the deceased |
| alive an 29 larch | 2 | 7 645 | | nat i tast saw the deceased I an the date stated above |
| dive on -2 Add of | i dila indi dediri | | (_941, from the couses and ADDRESS (Street, city or lown, sta | |
| ACTUAL SIGNATURE MUCLEUS 11 | Ellasof). | , 5101 Gwyr | | |
| PHYSICIAN'S Millard T. Tra | band, Jr.) | Baltimore | , 7, Md. | |
| 220 BURIAL, CREMATION, 22b. DATE THEREOF | 22c. NAME OF CEMETERY OR | CREMATORY | 22d. LOCATION (City, town, or o | ounty) (State) |
| Burial April 3, 195 | Holy Redee | mer Cemeter | v Baltimore | . Marvland |
| 23. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | سنسنة سسانسا | PAY-REGISTRAR CHE REGISTR | AR'S SIGNATURE |
| ELLSWOR TH ARMACOS | T 4600 Libert | W Hahts DATE | LKT 1201 | In Throthe + |

BUREAU V. S.

SECENTED:

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH OOFAC

02662 41

| L | 0.2341 |) | | Reg. Dist | t. No. / I |
|---------------|--|---|---|---|----------------------|
| 1. | PLACE OF DEATH | | 2. USUAL RESIDENCE (Where decea | sed lived If institution Residence | e before admission) |
| | O. COUNTY BALTIMORE | MARYLAND | STATE P. U. Anil | b. COUNTY 13/1/ | TIMORE |
| | b. CITY OR TOWN (If autside corporate limits, write | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If autside cor | 1000 | |
| | RURAL and give nearest town] | | | , | |
| H | d. NAME OF HOSPITAL (If not in hospital, give street | address) | d. STREET ADDRESS | | e IS RESIDENCE |
| | OR INSTITUTION 1/16/6 / 1= (| 1112 111 | 11 11 1 1 1 1 1 1 | is all | ON A FARM? |
| | 1000 223 | LIG AVE | | | YES NO DY |
| 3. | NAME OF First DECEASED | Middle | Lost 4. DATE OF | to . | Day Year |
| _ | (Type or print) LEONA | MAE | ORR DEAT | 11/1/1/1/17 | C 1957 |
| 5. | SEX 6. COLOR OR RACE 7. MARR | RIED NEVER MARRIED | B. DATE OF BIRTH | hand had been a | YEAR IF UNDER 24 HRS |
| Ł | -EMALL WHITE WIDOW | ED DIVORCED | SEPT 27, 1890 | 66 yrs | Doys Hours Min |
| 10 | a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) | KIND OF BUSINESS OR INDU | STRY 11 BIRTHPLACE (State or foreign | country) 12. CITI | ZEN OF WHAT COUNTRY |
| | AT HEME | | DENNA. | 6 | 1.5A |
| 13 | FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | | |
| | SAMUEL MONK | | MINNIE I | 200P | |
| 15 | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. | SOCIAL SECURITY NO 17. | NFORMANT | Address | |
| L | (it yes, give with an extens) | - w | m. D ORR / | 606 LESLI | 12 AUG |
| Г | 18. CAUSE OF DEATH [Enter only one cause per lin | he/for (o), (b), and (c)] . | 0 , | | INTERVAL BETWEEN |
| | PART 1, DEATH WAS CAUSED BY: | Ancillon | A Rectum - | | ONSET AND DEATH |
| | 154X DUE TO | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 1100 |
| | Canditions, if any, which } | | | | |
| | gave rise to immediate | | | | |
| | cause (a), stating the under- | | | | |
| ~ | lying couse last. (c) | | | | <u> </u> |
| 2 | PART II. OTHER SIGNIFICANT CONDITIONS | ONIKIBUTING TO DEATH BUT | NOT RELATED TO THE TERMINAL DISEA | SE CONDITION GIVEN IN PART | PERFORMED? |
| 15 | | | | | YES NO H |
| CERTIFICATION | J OR CONTRIBUTING (L) CAUSE OF DEATH I | CRIBE HOW INJURY OF CURRE | D (Enter nature of injury in Port 1 or Po | art II of item 18.) | 7 |
| 2 | (IF EITHER, NOTIFY MEDICAL EXAMINER) | <i>\</i> \\\ | 1 ~ | | |
| MEDICAL | | | ACE OF INJURY (Home, form, 20f. (Ci | ty or town) (Co | ounty) (State) |
| MEC | Hour a. ft. p. m. 19 While of worl | | city, sires, office blogs, etc.) | | |
| | 21. I certify that I attended the decease | ed from MAY | 1956, 10 MARi | 6 3/ , 1957, that I lo | ast saw the decease |
| ı | alive on the W = 195 | and that death | 110 30 | | |
| | | Z, ond mai deam | | om the causes and an the (Street, city or town, state). | e date stated above |
| | ACTUAL 100 | 1/201 | | 1 NG to lor |) 3/ |
| | SIGNATURE | NU | M.D. Q. D. Q. 71707274 | 777077 60 | 131 |
| L | PHYSICIAN'S M. B. DAYIS | (m,i) | Danda | 1c-27 Med | 137 |
| 22 | REMOVAL (Specify) | 22c. NAME OF CEMETERY O | R CREMATORY 22d. LOC | ATION (City, town, or county) | (State) |
| 1 | ELMOUAL MAIR 3, 1954 | ST. PETER | N ZUTH. PI: | TISTIN P. | A |
| 23 | FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 24a. REC'D BY REGIS | STRAR 246. REGISTRAR'S SIGI | NATURE |
| 1 | LUPICH FUNERITU AIM | y 2113 DWA | MARA MARA | 1047 1/2 / | eller |



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Z . V UARRUA

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PANTE SEILARE

The state of the s

2411 N. Charles Street, Baltimore

02664

CERTIFICATE OF DEATH

Rog. Dist. No.

| 1. PLACE OF DEATH COUNTY CITY (It caused corpered limits, with RURAL and LENGTH OF STATY CITY (It caused corpered limits, with RURAL and LENGTH OF STATY CITY (It caused corpered limits, with RURAL and LENGTH OF STATY CITY (It caused corpered limits, with RURAL and LENGTH OF STATY CITY (It caused corpered limits, with RURAL and give occurse town) TOWN to search town Town Town Town Town Town Town Town T | | | * |
|--|--|--|--|
| OR TOWN TOWN OR THE PROPERTY OF THE PROPERTY O | COUNTY Salto, MARYLAND | STATE MA. COUNTY | Balto. |
| ADDRESS ADD | OR give nearest town (in this place) | TOWN MIDDLE KIYOF | nearest town) |
| DECRASED Type of That) 5. Sex 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BETH 9. AGE hast birthday Hunded Lyear H | INSTITUTION OR STAR OF ALL | ADDRESS | AVQ |
| 5. SEE 6. COLOR DIR RACE S. SINGLE MARRIED S. DATE OF BIRTH 9. AGE has birthday If under lyon's Minorian Days House's thin Days House's th | DECEASED | OF A | |
| 10. USUAL OCCUPATION (Give kind of work does during life, even if retried) 10. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yee, no., or, unknown) (U. year, give war or dates of service) 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yee, no., or, unknown) (U. year, give war or dates of service) 16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yee, no., or, unknown) (U. year, give war or dates of service) 17. INFORMANT AND ADDRESS (Yee, no., or, unknown) (U. year, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONES AND DEATH 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 19. DATE OR OPERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOFSY? Yee IN O. INJURY OCCURRED INJURY OF OPERATION 21. ACCIDENT (Specify) (Specify) (FLACE (Home, farm, factory, street, injury) (COUNTY) (STATE) (INJURY) 22. AUTOFSY? Yee IN O. INJURY OCCURRED INJUR | 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, | Months. | l year II under 24 hrs. Days Hours Min. |
| 15. WAS DECRASES EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS FYGEN CO., OR UNKNOWN) (II year, give war of dates of 12.0 to 24.8 for the second of the | 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR | | |
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| TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at | SUICIDE OF office bldg., etc.) | (CITY OR TOWN) (COUNTY) | |
| 22. I hereby certify that I attended the deceased from Tell, 195.7, to Mark 5, 195.7, that I last saw the deceased alive or Mark 5, 195.7, and that death occurred at Signary Firm, from the causes and on the date stated above. SIGNATURE 23. BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) PREMOVAL (Specify) MARCH 6-57 SACRED HEART CEM GERMAN HILL RUMY) DATE REC 1/ BV LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ADDRESS | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While | HOW DID INJURY OCCUR! | |
| alive on M. M. J., 19.5., and that death occurred at | 4.// | 1957 March 5 1957 that I lead so | w the deceased |
| 23. BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) MARCH 6-57 SACRED HEART CEM GERMAN HILL RU MU DATE REC LY BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS | alive or March 5, 195.7, and that death occurred at | 3.45 P.m., from the causes and on the date sta | ated above. |
| DATE RECUIPED LOCAL REGISTER'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS | MSanngardner (VID) | 1 salto my 3 | 16/57 |
| DATE RECTUBLY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS | REMOVAL (Specify) MARCH 8-57 SACRED HA | | (State) RU 141) |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE | 1 11 1 1 2 | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BLA

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MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) n. COUNTY O. STATE b. COUNTY MARYLAND b. CITY OR TOWN If outside corporate limits, write RURAL and g vm neares Leaving c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butsider cofporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE White Marsh YES NO NAME OF Middle Month Year DECEASED -SWOR Type or print) DEATH a 19 \ 9. AGE (In years 6. COLOR, OR RACE 7. MARRIED IF UNDER TYPER IF LINDER 24 HR NEVER MARRIED | 8. DATE OF BIRTH lost burther Months Days LILT you DIVORCED [10a. USUAL OCCEPATION (Give kind of work done 10b. KIRD OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN DE WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME May 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER JEN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTER AL BETWEEN AND DEAT PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o **DUE TO** Conditions, if any, which gove rise to immediate cause DUE TO (o), stoling the underlying cause lost. PART 11. OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enlac.meture of Injury in Port I or Port II of item 18.) PRIMARY O OF CONTRIBUTING CAUSE OF DEATH. Month, Day, Year 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home_form, 20f. (City or town) (County)-(Stole) factory, street, office-bldg., etc.) Not while Ø m of work of work p. m. 21. I certify that Mook charge of the remains described above, held an Autopsy Inspection Inquiry X and find that death resulted from: Natural causes Accident Suicide 1. Undetermined cause Homicide . forwarded to the C DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR M.D. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINERS 22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county); (State) REMOVAL (Specify) 0 imore National 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTBAR'S SIGNATURE VS. A15ME(5) Hartord Road #04 5M 9/55

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BAREVA K. E.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02547 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. detay is necessary, please ex ral directar. Page 4 shauld 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give necrest town) DUNDALK PALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? prior 23 J. STRICKER YES NO P 3. NAME OF First Middle DATE Last Month Year DECEASED OF DEATH 9 (Type or print) 195 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 9. AGE (In years lost birthday) 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days Heurs Min. 0 WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) oug 12.5.4. 9 MACHINIS ADE. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Pages age 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Give 18 CAUSE OF DEATH | Enter only one couse per line fec (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) -**DUE TO** Canditians, If any, which gave rise to Immediate cause **DUE TO** (o), staling the underlying couse last. PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY PERFORMED? Nd 200. EXTERNAL CAUSE WAS 20th DESCRIBE NOW INJURY OCCURRED. JEnter nature of injury in Part of of item 18.] PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Copnly) (Stote) factory, street, office bldg., etc.) at work of work 21. I certify that I faak charge of the remains described above, held an Autapsy Inspection Inquiry Mand find that death resulted from: Natural causes Accident 17. Suicide Hamicide Undetermined cause ACTUAL DATE SHIP CHIEF MEDICAL EXAMINER pa SIGNATURE farwarded h ASSISTANT MEDICAL EXAMINER removal EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMAT ON. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246, REC'D BY REDISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME(5)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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02664 CERTIFICATE OF DEATH

Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED I. PLACE OF DEATH Baltimore Maryland COUNTY Baltimore MARYLAND (If outside corporate limits, write RURAL and give nearest town) If outside corporate limits, write RURAL LENGTH OF STAY end give negrest town) (in this place) OR TOWN TOWN Catonsville Catonsville (If rure) give (ocation) HOSPITAL OR STREET INSTITUTION OR ADDRESS 214 Glenrae Drive 214 Glenrae Drive STREET ADDRESS 4. DATE (Month) (First) (Middle) (Lost) (Yeer) 3. NAME OF OF DECEASED DEATH ZINA 57 (Type or Pnnt) PREBISH March 8. DATE OF BIRTH JE UNDER 1 YEAR IF UNDER 24 HRS 9. AGE fest birthdey COLOR OR SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed RACE Months Oct. 15, 1882 Female CITIZEN OF WHAT 106. KIND OF BUSINESS 11, BIRTHPLACE (State or foreign country) 10e, USUAL OCCUPATION (Give kind of work done during most of working life, even II COUNTRY? Russia Russia At Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Kozel Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yex, give wer or detes of service) Mrs. Elizabeth Shipley-214 Glenrae No None INTERVAL BETWEEN ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RE ATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION AUTOPSY NO 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21e. ACCIDENT WAS UNDERLYING I 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21/. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Day) (Yeer) 21e. INJURY OCCURRED While Not while at work 12, 19 56, to 3 7, 19 57, that I last saw the deceased 5.7., and that death occurred at 6. P.M. from the causes and on the date stated above. alive on....... ADDRESS (Street, city, town, state) SIGNATURE. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE THEREOF REMOVAL (SPECIFY) Meadowridge Cemetery Baltimore Md. Burial 25. FUNERAL DIRECTOR'S SIGNATURE 24. REC'D BY REGISTRAR 5/ ELLSWORTH ARMACOST-4600 Liberty

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TO: II AAM

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02665 Item 2 File CERTIFICATE OF DEATH 03520 Rea. Dist. No. director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore o. COUNTY o. STATE Maryland b. COUNTY MARYLAND offer death. b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town Catonsville Baltimore City d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 2/11 Madison Avenue e. IS RESIDENCE OR INSTITUTION ON A FARM? Seton Institute Spring Greve State Hospital YES T NO T NAME OF Middle 4. DATE Cuinn Mollie. DECEASED March (Type or print) 10 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 82 yrs 5-15-1874 Months Days DIVORCED | WIDOWED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) U.S.A. None Pittsburgh pup 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Cuinn d₀ Anna Ferry 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Record Spring Grove State Hospital unknewn 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arterioselerotic cardiovascular disease DUE TO Hypertensive cardiovascular disease Conditions, if any, which gove rise to immediate DUE TO casse (a), stating the under-Diabetes Mellitus lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 PERFORMED? 0 YES NO TE 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while p. m. at wark | at work March 25, 1957 that I last saw the deceased March 8 . 19 57 ta 21. I certify that I attended the deceased fram.___ , and that death occurred at 2:40p.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 0 FUNERAL DINE ACTUAL GROVE STATE HOSPITAL SIGNATURE PHYSICIAN'S NAME (Type) the registrar William N. Karn, M. D. Catchsville 28, Maryland 220 BURIAL CREMATION. 22b. DATE THEREOF. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Igwn, or county) poge (State) REMOVAL (Spycify) 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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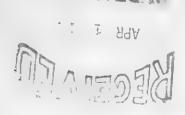
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| | 1. | PLACE OF DEATH J. COUNTY | Baltimore | MARYLA | | 2. USUAL RESIDENCE (WHO O. STATE Maryle | ere decease | d lived. If institute b COUNTY | | | ission) |
| | | RURAL end give I | (If outside corporate limits, writh nearest lown) NESS | c. LENGTH OF STAY IN | 1b | c CITY OR TOWN (If o | | orale limits, write R | URAL and g | give nearest to | wn) |
| | | OR INSTITUTION | ITAL (If not in haspital, give stri | | | d. STREET ADDRESS | ight. | | | DN | ESIDENCE A FARM? |
| | | NAME OF DECEASED Type or print) | Fins ANNA | Middle | ROI | Last OCERS | 4. DATE OF DEATH | March | | Day | Year 19 57 |
| | 5. | Ex Female | 6. COLOR OR RACE 7. M | ARRIED NEVER MARRIED | | 8. DATE OF BIRTH July 27. 1891 | | 9. AGE (In years lost birthday) 65 yrs. | IF UNDER | Days Hour | DER 24 HRS. |
| _ , | 10a | during most of wor At home | ION (Give kind of work done I rking life, even if retired) | Ob. KIND OF BUSINESS OR I | NDU: | STRY 11. BIRTHPLACE (Stole Maryland | | ountry) | 12. CITI | U.S.A | AT COUNTRY |
| I) | 13. | John | Novak | | | 14 MOTHER'S MAIDEN N Betty Me | _ | | | | |
| 0 | 15. (¥∉: | WAS DECEASED EV no. or unknown) No. | ER IN U. S. ARMED FORCES? (If yes, give wor or doles of service) | 16. SOCIAL SECURITY NO. | _ | M. A. Rodgers | 20 S | eabright | | | |
| | | | ATH [Enter only one couse pe ATH WAS CAUSED BY. IMMEDIATE CAUSE (o) | Metash | 21 | tic Curen | nor | na | | INTERVAL ONSET AN | BETWEEN ID DEATH |
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| | | 21. I certify to | hat Vattended the dece | | <u>o</u> eath | accurred at 2:30 f | | m the causes a | nd an th | ne date sta | |
| 1 | | ACTUAL SIGNATURE | IshmE. | France | | M.D | ADDRESS (S | ireet, city or town, | state) | | DATE SIGNED |
| | 220 | PHYSICIAN'S NAME (Type) | ON, 22b. DATE THEREOF | | | | | | | | |
| |] | REMOVAL (Specify | March 27, 19 | 22c. NAME OF CEMETE 257 Baltimore ADDRESS | | emetery | | TION (City, town, of the country of | | | ole) |
| 7-1 | | | neral Home 211 | | | DATE 3 | 126/3 | 57 Ea | th | Hurs | ley_ |

EUREAU V. S.

7281 78 AAM

DECENDED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

| 02543 | | |
|--|---|-------------------------------------|
| I. PLACE OF DEATH- COUNTY BOIT IN OR & MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED COUNT | 104.10 |
| CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place) TOWN (in this place) | CITY (If outside corporate limits, write RURAL and give OR TOWN | ve nearest town) |
| HOSPITAL OR INSTITUTION OR 211 Herdricks QT. | STREET (If rural, give location) ADDRESS 211 Hendrichts | 7. |
| 3. NAME OF (First) (Middle) DECEASED (Type or Print) | ROSEAS 4. DATE Month) OF DEATH 2- | (Day) (Year) |
| 5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED, (Specify) MARRIED, | Sep7.23,1906 50 yrs. Months | 7 /2 - |
| 10n. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. Kind of Business or Industry (ON Control of Business or Industry) | 11. BIRTH LACE (State or foreign country) NOATH CAROLINA | COUNTRY S. |
| Allen Alston | The HAIR ! | |
| 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (II yes, give war or dates of service) **NONE** | TORRELW. ROSCOS 211 Healast | ts et.#22 |
| IS. MEDICAL CE | RTIFICATION | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) Conongry Th. | nombosis | 1 hour |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | GROID-Vascular Wiscose | 148. |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY! |
| 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) | (CITY OR TOWN) (COUNTY | Yes No (STATE) |
| HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCURRED While at Not Work At work | HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Jack | , 1974, to MARCH 2, 1957, that I last | |
| alive on Francisco 7, and that death occurred at | e Dunkelt 22 md. 3 | tated above. DATE SIGNED |
| alive on F. 1.461. 25, 1957, and that death occurred at | e Dunkelt 22 md. 3 | tated above. DATE SIGNED |

PLEASE WRETE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially immertant. Physiciam: please write the causes of death clearly and legibly. BINDING MARGIN RESERVED FOR

VS. A15

BUREAU V.

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BECEINED

BUREAU R. L.

5061 (9. **9AM**

BECEINED

RYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

RUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0267502559 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) BALTIMORE COUNTY MARYLARDINTY MARYLAND TITIMORE b. CITY OR TOWN IIf outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUPAR the give nearest lown) BALTIMORE COUNTY d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR WSDINGON Maryland 4210 Maryland Place ON A FARM? YES TI NO F NAME OF Middle 4. DATE March 14.195 Year DECEASED OF DEATH (Type or print) 10 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED S. SEX B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Female White Months Davi House WIDOWED TH DIVORCED [YIB 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Home Austria Austria 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME Ferdinand Kisling Anna M. Steiner 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address Marie Blasthek, 4210 Maryland Place 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSELAND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 75 x DUE TO Conditions, if any, which gove rise to immediate DUE TO cottse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01 19, WAS AUTOPSY PERFORMED? YES TO NO P 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) {County} (Stote) factory, street, office bldg, etc.) a.m. While Not while ol work of work 21. I certify that I attended the deceased from 19 17 that I last saw the deceased and that death accurred at It. M., from the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) pode REMOYAL (Specify) 16-57 Meadow Ridge Howard County. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D'BY REGISTRAD 246. REGISTRADE SIGNATURE Howard H. Hubbard 4107 Wilkens Ave 15M 9/55

TEST SI MAM



Item 18 Film MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH lay is necessary, please exe-director. Page 4 should be files. Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY o. STATE Maryland **b.** COUNTY Baltimore MARYLAND b. CITY OR TOWN III outside corporate limits, write EURAL c. JENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) and give negres) town! Catonsville Baltimore hours 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3825 Brooklyn Avenue CROVE STATE HOSPITAL YES NO.K NAME OF First Middle DATE Month Year DECEASED (Type or print) Ridgeway Samuels DEATH March 20 Jerome 19 ifter death. If a support of the factor of t 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH IF UNDER TYEAR 9. AGE tin years IF UNDER 24 HRS. lent birthdoy) Months Days Hours male white DIVORCED T WIDOWED I Sept. 13, 1921 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 112. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U. S. A. Maryland laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages Harlan Nellie A. Samuels 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Records: SPRING GROVE STATE HOSPITAL 219-03-6429 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN failure ONSET AND DEATH n. PART I. DEATH WAS CAUSED BY: Acute congestive form IMMEDIATE CAUSE (0) DUE TO ⊑ Delirium tremens due Chronic Alcoholism Conditions, if ony, which) gave rise to Immediate couse burial **DUE TO** (o), stoling the underlying couse last. Diffuse nodular cirrhosis of the Liver Office D PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(9) 19, WAS AUTOPSY ő PERFORMED? used YES T NO [20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port 1 or Part II of item 18.] Pt. discovered 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING OF CAUSE OF DEATH. sideroom; apparently without respirations; proncunced 20c TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year 20s. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) factory, street, office bldg., etc.) the t of work of work p. m. 2). I certify that I taak charge of the remains described above, held an Autapsy 🗗 Inspection . Inquiry Accident , death resulted from: Natural causes . Suicide . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER D D SIGNATURE forwarded to FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S George M. Kieffer, M. cute the 3-20-5 DEPUTY MEDICAL EXAMINER D NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) Holy Cross Cem

ADDRESS

NcCully Funeral Homes - I30 E. Fort Avenue

240. REC'D SY REGISTRAD

DATE

2.6. REGISTRAR'S SIGNATUR

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

MEDICAL

THE STATE OF THE RESERVE

MARYLAND STATE DEPARTMENT OF HEALTH

02673

2411 N. Charles Street, Baltimore

| | Baltimore County | TE OF DEATH Reg. Dist. No. | 0 |
|---|--|---|---|
| | I. PLACE OF DEATH CHICKS THE MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY | Y |
| | CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) | CITY (If outside corporate limits, write RURAL and give OR 5 10 1 4 | ve nearest town) |
| | 70 INSTITUTION OR DESERVICE, Musing Hor | C STREET (If rural, give location) | |
| | 3. NAME OF DECEASED (First) (Middle) (Type or Print) Cresses Hoteland | (Carth OF DEATH MAS. | (Day) (Year) |
| | 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) (LL CLETT) | 18. DATE OF BIRTH 9. AGE last birthday If under | |
| | done during most of working life, even if retired. Industry | 11. BIRTHPLACE (State or foreign country) 12 | COUNTRY! COUNTRY! |
| | 13. FATHER'S NAME C Bavenutin | 14. MOTHER'S MAIDEN NAME PURCE | <u> </u> |
| | 15. Was DECEASED EVER IN U.S. ARMED FORCES? 16/ SOCIAL SECURITY NO. (Yes, no, or unknown) service) or dates of the control of | 17 INFORMANT AND ADDRESS / | John m |
| | 18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY ALBADING TO DEATH | | INTERVAL BETWEEN |
| Ì | Immediate cause (a) Mocandial - | taileene | 29 hrs. |
| | Antecedent cause(s) Diseases or conditions, ff any, (b) | | 4. The transfer of the second |
| | giving rise to the above cause stating the underlying cause last (c) ARTIRE Sclene | is some lized | llux |
| | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | Cashal weather accident | 6 mers |
| < | 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? |
| | 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY | (CITY OR TOWN) (COUNTY) | (STATE) |
| | TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work | HOW DID INJURY OCCUR? | |
| | 22. I hereby certify that I attended the deceased from Z-1 | , 19 57, to 3-11 , 19 57, that I last as | aw the deceased |
| | alive on 3.11, 1957, and that death occurred at 1 | ADDRESS and on the date str | |
| | Tephentes la puces MD | Carcusville 28, 4d | 3-11-57 |
| | Transley Mary 14 Milliam | | (State) |
| | DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. | 24. FUNERAL DIRECTOR MATALLELET BINSE | address n Jud |
| 1 | CONTENTE OF THE PROPERTY OF TH | | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING

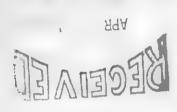


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02560 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on) a. COUNTY O. STATE b. COUNTY BALTIMORE MARYLAND Marvland Beltimore b. CITY OR TOWN III outpids corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) 3101-4 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? Knea cht Ave. & Penna. R.R. 3910 Colchester Road YES NO DE Middle DATE Month Year DECEASED (Type or print) JOHN DEATH SCHEURECKER 19 57 March 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In yours IFUNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Min. WIDOWED [Mala White DIVORCED [yes. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S ARMED FORCES? Address 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple extreme injuries **DUE TO** Conditions, if any, which) gove rise to immediate couse **DUE TO** (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALDISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO P 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of Injury in Port I or Port II of item 18.) Automobile struck by freight train 20d. INJURY OCCURRED | 2Ge. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) foctory, street, office bldg., etc.)
Street 25 19 57 While Not while of work Baltimore Md. 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X, Inquiry , and find that Accident X, Suicide , Hamicide , death resulted from: Natural causes ... Undetermined cause . DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER PA ASSISTANT MEDICAL EXAMINER 26 DEPUTY MEDICAL EXAMINER NAME (Type) Russell S. Fisher. M.D. 220 BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCAT OF (C'ty, town, or county) (Siete) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 74b. REGISTRAR'S SIGNATURE

VS. A15ME(5)

BUBEAN K. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02683

| | CERTIFICA | ATE OF DEATH | 1 | Reg. Dist. No. |
|--|---|---|---|---|
| 1. PLACE OF DEATH o. COUNTY Reltimore | MARYLAND | 2. USUAL RESIDENCE (WHO O. STATE MATY | ere deceased lived. If institution b COUNTY | Anne Arundel |
| b CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) Catonsville | c. tength of stay in 16 2yr6mth24dys | c. CITY OR TOWN (If o | ulside corporate limits, write RUI | RAL and give nearest town) |
| d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION SPRING GROVE STATE HOS | oddress) PITAL | 8222 Fort S | Smallwood Rd. | e is residence on a farm? yes \(\) no \(\) |
| 3 NAME OF First DECEASED (Type or print) HOWard | Middle | Shauck | 4. DATE Month OF DEATH MATC | |
| | ED Separated | 8. DATE OF BIRTH Aug. 19, 188 | 30 lost birthdoy) | FUNDER I YEAR IF UNDER 24 HRS Months Doys Haurs Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) textile worker | cotton mills | Mary] | Land | U. S. A. |
| 13. FAIHER'S NAME WILLIAM Shauck 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 14 Yes, no or unknown) ; lift yes, give wor or dolan of service) | SOCIAL SECURITY NO. 17. | Sadie Bos | | 55 |
| 18 CAUSE OF DEATH [Enter only one couse per li | | cords: SPRING | G GROVE STATE | HOSFITAL |
| gave rise to immediate case (a), stating the under- lying cause last. | enile arterios | clerotic neph | rosclerosis | |
| PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | N IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO. |
| | CRIBE HOW INJURY OCCURRE | | | |
| Hour o. m. 19 While at wor | k of work | ACE OF INJURY (Home, form, ictory, street, office bldg., etc. |) | (County) (State) |
| 21. I certify that I attended the decease alive on March 13, 19 actual SIGNATURE Fulla Fa | 27, and that death | h occurred at 9:30a. | | d an the date stated above ore) BATE SIGNED |
| | nsler, M. D. | | ille 28, Maryle | and |
| BURIAL (Specify) 3-16-57 | ST MAR | | 22d. LOCATION (City, town, or HAMPDEN | |
| 23. EUNERAL DIRECTOR'S SIGNATURE | ADDRESS | Jul 240. REC'D | BY REGISTRAR 240 REGISTI | RAPIS SIGNATURE |

VS A15 (4) 15M 9/55

2561 8: 8VV;



HOSPIT

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DE VIEWEIN

02685 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02680

| Rea | Dist. | Ma |
|------|-------|------|
| noN. | DINI. | 1101 |

dil

| 02000 | Reg. Dist. No. | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| I. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore | | | | | | | |
| b. CITY OR TOWN In outside corporate Hints, write RURAL c. LENGTH OF STAY IN 16 Sparrows PRALITIMORE | c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Baltimore Sparrows Point | | | | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Bethlehem Steel Co. Hospital | d. STREET ADDRESS 326 W. Camden St. 8. IS RESIDENCE ON A FARM? YES \(\subseteq \) NO \(\subseteq \) | | | | | | | |
| 3. NAME OF First Middle OECEASED (Type or print) Edward | Shreve, Jr. 4. DATE Month 3-26-57 Doy Year 19 | | | | | | | |
| 5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. WIDOWED DIVORCED 1 | November 23, 1919 37 yrs. Months Doys Hours Min. | | | | | | | |
| 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) | RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY | | | | | | | |
| Inspector Learner Steel | District of Columbia USA | | | | | | | |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | | | |
| Ed Shreve | Stella Moudy | | | | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (You. no. or unknown) 1 (If you. no. or unknown) 1 (I | VFORMANT Address | | | | | | | |
| yes Will La | ura Loenichen, 2704 Fenimore St., Wheaton, M | | | | | | | |
| MARCOINTE CAUSE (a) | Occlusion DEATH | | | | | | | |
| 4 do l DUE TO | | | | | | | | |
| Conditions, If any, which gave rise to immediate cause | | | | | | | | |
| (o), stoting the underlying DUE TO | | | | | | | | |
| | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? | | | | | | | |
| | nter noture of injury in Port I or Port II of item 18.) | | | | | | | |
| 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE Foote Street Stree | CE OF INJURY (Home, form, 20f, (City or town) (County) (State) ory, street, office bidg., etc.) | | | | | | | |
| 21. I certify that I took charge of the remains described about | ve, held an Autopsy 🔲, Inspection 🔀, Inquiry 💢, and find that | | | | | | | |
| death resulted from: Natural causes Accident Suicide Homicide Undetermined cause | | | | | | | | |
| SIGNATURE NO DAWY | _M.D. CHIEF MEDICAL EXAMINER | | | | | | | |
| EXAMINER'S NAME (Type) M. B. Davis, M.D. | ASSISTANT MEDICAL EXAMINER 1 3-26-57 DEPUTY MEDICAL EXAMINER 1 | | | | | | | |
| 220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BURIAL March 29, 57 Baltimore Nat | | | | | | | | |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE | | | | | | | |
| Ullrich Funcral Homes 4210 Belair Rd., | Balto. DATE 3/28/57 Sewson Loarbers | | | | | | | |

Teel 1 gan

DECENTED

| director led with | 1. | PLACE OF DEATH a. COUNTY Baltimore 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Baltimore MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Baltimore |
|--|------------|--|
| furged | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halethorpe c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5 years 6 Halethorpe |
| by the od 2 sho | ~ L | d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1806 Park Avenue A. STREET ADDRESS C. IS RESIDENCE ON A FARMA YES NO NO NO |
| filled in | 3 | NAME OF DECEASED NORMA DAISY MCDONALD SMALLWOOD 4. DATE OF DEATH 3 22 1957 |
| pletely fill ers. Pages | | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED March 8, 1908 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min. |
| corbon papers offer death. | 1 | D. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? |
| physician armove carba | 15 | Charles McDonald Maggie Ellen Smith WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address |
| oding plant of the state of the | - | no or unknown] [If yes, give wer or dotes of service) Mrs. Lewis Schuebel Halethorpe, Maryland 18 CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] [INTERVAL SETWEEN] |
| iton. In signed by the atternit. Then ple and in any event with | 7 | PART 1. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Caucinomu Sclasts Curch Conditions, if ony, which gave rise to immediate cause (a), stoting the under lying couse lost. Conditions Co |
| y prigate has bee urial-tra | FICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 of item 18.) |
| rtificate as the b on, or re | AL CERTIFI | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| ar use c | ■EDICA! | Hour a. m. p. m. 19 While Not while of work at work at work at work at work |
| should be deter and is stran prior to buriol, o | | 21. I certify that I attended the deceased from Chicagonic, 1956, to 3 2 2 1, 1957, that I last saw the deceased alive on 3 2 1 1957, and that death occurred at 1230 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S NAME (Type) John C. Healy |
| Poge 3 | 22 | o. Bur al, Cremation, 22b. Date thereof 22c. Name of Cemetery or Crematory 22d. Location (City. town, or county) (Stole) REMOVAL (Specify) 3-25-57 Savage Cemetery Savage, Maryland |
| A15 (4) 10 M 9755 | 23 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS WAS REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE R 28 1917 Dr. Seeff. Feels. |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4



112 V 120 2199

| please | t shau | | Cremo | |
|---|--|---|--|--------|
| TO DEPUTY MEDICAL EXAMINER: This certificall should be executed within all hours offer Beath. If any delay is necessary, please | cute the certificate, writing the word 'pending' in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4: | 1 | | F |
| neces | chor. | | 10 FUNERAL DIRECTS, Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to b | |
| elay is | Il dire | files. | or pri | |
| any d | funera | arwarded to the Control Examiner's Office along with farm PM3. Page 5 may be retained for your files. | registr | , |
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0268 1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before)

| Baltimore | MARYLAND | o. STATE Haryl | | b. COUNTY | Baltimo | ' |
|--|----------------------------|--|---------------------|------------------|--|------------------|
| b. CITY OR TOWN (If outside corporate limits, write RURAL | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | | limits write RU | | |
| Sparrows Point | | Balti | 411.4 | 29 | | , |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp | ital, give street address) | d STREET ADDRESS | | 143 | " grafich | e. IS RESIDENCE |
| Fethlehen Steel Co. Di | | 1207 | Wooding | ton - R | 003 | ON A FARM? |
| 3. NAME OF First | Middle | 1107 | 4. DATE | Month | OSU | Year |
| (Type or print) Robert | Р. | Smilev | OF DEATH | 3 | 12 | 1957 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED | | DAJE OF BIRTH | 9 AG | E (In years IF | | IF UNDER 24 HRS. |
| Male White WIDOWED | | 150 m 2 26 | on to lost b | yrs. M | onths Days | Hours Min. |
| Oa. USUAL OCCUPATION (Give kind of work dane 10b. KI | ND OF BUSINESS OR INDUST | RY 11. BIRTHPLACE (State | er foreign country) | 4 | 12. CITIZEN OE | WHAT COUNTRY? |
| during most of working life, even if retired) | el construction | 1 1 0 | Land | | 10,5 | a. |
| 13. FATHER'S NAME | 1 | THE MOTHER'S MAIDEN N | IAME - > | | | |
| Ovailarl Si | eleng. | Maeri | E /4A | UL - | Name of Street of Street, or other Persons of Street, or o | 31 |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S Yes. no, or unknown) (if yes, give yor or dates of service) | OCIAL SECURITY NO. 17. IN | FORMANT //O M | 11/21 1 | Address | / | · Ko |
| Near MINITE 22 | 0052552 | more | The | illery- | -11046. | adileter |
| 18. CAUSE OF DEATH [Enter only one couse per line for | or (a), (b), and (c)] | - // | | - | INTERV | AL BETWEEN |
| PART I. DEATH WAS CAUSED BY: I LUIT | iple fractures | including s | kull, pel | lvis, s | pine | AND DEATH |
| A MINISTER COLORE (O) | left hip. | | | | | |
| Conditions, if any, which) [5] | * | | | | | |
| gave rise to immediate couse | | | | | | |
| (a), stating the underlying Due 10 cause last. | | | | | | |
| PART II, OTHER SIGNIFICANT CONDITIONS CON | NTRIBUTING TO DEATH BUT N | OT RELATED TO THE TERM I | NALDISEASE CON | TION GIVEN | IN PART 1(o) 19. | |
| | | | | | YI | PERFORMED? |
| 20g. EXTERNAL CAUSE WAS PRIMARY D. OF CONTRIBUTING CAUSE OF DEATH. | HOW INJURY OCCURRED. (E | nter nature of injury in Part | Lar Part II of item | 18.) | | |
| CAUSE OF DEATH. | from crone to | ground appr | ox. 80 fe | eet. | | |
| 3 | JURY OCCURRED 200. PLAC | E OF INJURY (Home, form, | . 120f (City or taw | | (County) | (Stole) |
| Haur XX. 2 25 p. m. 3-12-157 While at world | | iry, street, office bldg., etc.) 1. Steel Co. | | rrows P | oint-19, | Md. |
| 21. I certify that I took charge of the re | | | | | | ond find that |
| death resulted from: Natural causes |) pm | ide [], Homicide | | rmined cou | - | Ond inig and |
| Chan | A - | LI) Homitelds | | , | | |
| SIGNATURE 1 13 Davis | · ms. | M.D. CHIEF MEDICAL EX | AMINER | | | DATE SIGNED |
| SIGNATOR & TO DO | | _M.D. ASSISTANT MEDICA | _ | | | |
| EXAMINER'S M. 19. DAVIS | 5 M() | DEPUTY MEDICAL E | | | | 3/12/57 |
| 120. BURIAL, CREMATION, 22b. DAJE THEREOF | 72c, NAME OF CEMETERY OR | CREMATORY · / | 22d. LOCATION (C | lity, tawn, er c | | (Stote) 17 |
| PRIMOVAL (Specify) 3/15-57 | Fresto, | Rational | 131 | ext | . 49. | Mel |
| 3. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS a | 240 REC'D | BY REGISTRAR | EGISTP. | AR'S SIGNATURE | 01 |
| THEREO THE WILLE | 11 Codmon | Ras 17 011 | 111 11 | A | | 1 Frales |

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CERTIFICATE OF DEATH

02682 Reg. Dist. No..... 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY MARYLAND STATE COUNTY (if outside corporate limits, write RURAL and give nearest town) corporate limits, write RURAL and give neerest town) LENGTH OF STAY CITY OR (in this place) TOWN TOWN HOSPITAL OR STREET (If rure) give location) INSTITUTION OF ADDRESS STREET ADDRESS /4 (First) (Middle (Lest) 3. NAME OF (Dey) DATE (Yaer) DECEASED OF 5MITH BELLE (Type or Print) DEATH HALCH 23 19 377 5. 5 EX COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED, Months Days Hours (Specify) W 100 W WHITE 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 106. KIND OF BUSINESS CITIZEN OF WHAT COUNTRY? done during most of working life /jeven if OR INDUSTRY tousource 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. & ADDRESS (If Yas, give war or dates of servica) 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH COROHARY OCCLU SIJN IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) YEARS REFERIOSCUERS SIS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19s. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [NO D 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete) OR CONTRIBUTING IT CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while al work at work 22. I hereby certify that I attended the deceased from AV Co 37 1952, to MAnch 1957, that I last saw the deceased alive on. 3, and that death occurred at 1/1294 M, from the causes and on the date stated above. SIGNATURE ADDRESS (Straat, city, town, state) Fula PARADELPIA BURIAL, CREMAT ON DATE THEREO! NAME #7 CEMETERY OR CREMATORY LOCATION (City, lown, or county) REMOVAL (SPECIEN REC'D BY REGISTRAR REGISTRAR'S SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02690 £2684 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY BALTIMORE MARYLAND 9NNGb. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 mo. 10da TONS VILLE NNA POLIS d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? HOSPITAL JACKSON STATE YES NO DE SPRING GROVE NAME OF 4. DATE DECEASED OF DEATH LEGIUA (Type or print) WK SON 19 3 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years last birthday) Months WIDOWED I DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? home housewile U.S.A. 13 FATHER'S NAME Susan Demiamin WASON 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 1013 JACKSON 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Subacute bacterial endocarditis IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** cosse (a), stating the underlying couse last. PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 PERFORMED? YES THE NO TO 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) Hour c. m. While Nat while at work at work 21. I certify that I oftended the deceased from TAN , 1957 to MAR 25, 1967, that I last saw the deceased 7, and that death occurred at 3:40 AM, from the couses and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL HUS, ITAL GROVE STATE SIGNATURE PHYSICIAN'S Stella Wachsler. M. D. FUNERAL Catonsville 28, Maryland NAME (Type) 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) PRING HILL CEM. 0 23 FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

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BECEINER

0269Rea. Dist. No 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? YES NO X Month Day 19 HE UNDER I YEAR IF UNDER 24 HRS Dovs Haurs 12 CITIZEN OF WHAT COUNTRY? U.S.A. Address Clin. Rec. Vets. Administration Hosp. Ft. Howard, Md. INTERVAL BETWEEN UNKNOWN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY Senile emphysema, severe. Pulmonary Tibrosis. Bronchiectasis YES NO 🙀 (County) (State) ADDRESS (Street, city or fown, state) Veterans Administration Hospital 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Oaklawn Cameterv Baltimore, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE liam Cook. Inc. St. Paul & Preston Sts, Balto., Marin

HOSPITAL FUNER/ 0 VS A15 (4) 1SM 9/SS

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the registrar prior ta

VS A15 (4) 15M 9/58

| MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02692 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 02686 CERTIFICATE OF DEATH Reg. Dist. No. 44 | | | | | | | | |
| TO; MARYLAND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY BALTO | | | | | | | |
| side corporate limits, write c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | | |
| Final in haspital, give street address) ELLS HILE, | 2819 WELLS AVE VES NOTE | | | | | | | |
| UALD WAYNE | SPARKS 4. DATE Month Day Year DEATH 11AR, 30, 1957 | | | | | | | |
| COLOR OR RACE 7. MARRIED NEVER MARRIED A | 8. DATE OF BIRTH 9. AGE (In years low highday) Wanths Days Hours Min. | | | | | | | |
| Give kind of work done 10b. KIND OF BUSINESS OR INDU- | STRY 11. 81RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? (1, 5, 49) | | | | | | | |
| H. SPARKS NAOMIE LEE SPARKS | | | | | | | | |
| U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 II | FOULS H. SPARKS SIAME | | | | | | | |
| [Enter only one cause per line for (a), (b), and (c).] VAS CAUSED BY: MEDIATE CAUSE (a) | elocytic Leukemia Interval Between onset and Death | | | | | | | |
| DUE TO which) (b) | | | | | | | | |
| diate DUE TO | | | | | | | | |
| | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO. | | | | | | | |
| NDERLYING AUSE OF DEATH | D. (Enter nature of injury in Part L or Part II of item 18.) | | | | | | | |

| CCIDENT WAS UNDERLYING DEATH | 20ъ. | DESCRIBE | HOW | INJURY | OCCURRED. | (Enter | nature a | injury | in Part | I or P | art II al | item | 18. |
|------------------------------|------|----------|-----|--------|-----------|--------|----------|--------|---------|--------|-----------|------|-----|

20a, A OR CO (IF EITHER, NOTIFY MED

20c. TIME OF INJURY Year 20d. INJURY OCCURRED Day, While Not while at wark at work Haur a. m. p. m.

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.)

(County) (State)

30, 1952, that I last saw the deceased 21. I certify that I attended the deceased fram, and that death occurred at 6 33 M, from the causes and an the date stated above. ADDRESS (Street, city or lawn, state ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type)

1. PLACE OF DEATH e. COUNTY

NAME OF DECEASED

5 SEX

1

(Type or print)

13. FATHER'S NAME

15. WAS DE

CERTIFICATION

MEDICAL

b. CITY OR TOWN (If ou

d. NAME OF HOSPITAL

10a, USUAL OCCUPATION

GEASED EVER IN

IS. CAUSE OF DEATH PART I. DEATH

Canditians, if ony, gave rise to imme cattle (a), stating the lying cause last.

PART II. OTHER

220-BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State) 23. FUNERAL DIRECTOR'S GONATURE REGISTRAR'S SIGNATURE 240. RECID BY REGISTRAE 245

DATE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02687 CERTIFICATE OF DEATH 02693

| | | | | CERTI | | TE OF DEAT | | Reg. Dis | r. 140. |
|-----------------------|--|---|--|--|------------------------------------|---|--|---|--|
| . [| PLACE OF DEATH | Baltimore | | MARY | LAND | 2. USUAL RESIDENCE (V o. STATE Mai | | If institution: Residence COUNTY | e before admission) |
| ı | D. CITY OR TOWN (I | fautside corporate lin | nits, write | c. LENGTH OF STAY | - 11 | | f autside carporate limi | | · |
| | atonsville | • | | 14yr4mth8c | lys | 312 E. 22nd | d Street - | Baltimore, | Md. |
| | | AL (If not in hospitol, OVE STATE | give street of HOS | oddress) PITAL | | d. STREET ADDRESS 312 E. 2 | 2nd Street | b | e, IS RESIDENC ON A FARM YES NO |
| 3 | NAME OF DECEASED (Type or print) | ELSIE | irst | Middle | STAI | NDIFORD | 4. DATE OF DEATH | MARCH | 15 195 |
| 5. 5 | F | 6. COLOR OR RACE | 7. MARR | NEVER MARRI | _ | . DATE OF BIRTH 1872 | 9, AGE lost b | | TYEAR IF UNDER 24 H |
| | nousewi | ON (Give kind of work ing life, even if retire I C | done 10b. | KIND OF BUSINESS C | R INDUST | | Penna. | | S. A. |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | | | |
| | | Reider | | | | | Amanda? | | |
| S. Ye: | | R IN U. S. ARMED FC | service) | SOCIAL SECURITY NO | | FORMANT | TATO O DOTTO | Address STATE HO | C TTAT |
| | no | | u | nknown | Re | cords: SFR | TING GROVE | STATE HO | O TIMP |
| | PART I. DEA | TH WAS CAUSED BY IMMEDIATE CAUSE DUE T | (0) | ne for (o), (b), and (c). Arterfoscl | | c cardiovas | cular dise | 150 | INTERVAL BETWEEN |
| ATION | PART I. DEA Conditions, if o gove rise to i cate (o), stating lying cause last. | TH WAS CAUSED BY, IMMEDIATE CAUSE DUE T ny, which mmediate the under: DUE T | (c) (c) (d) | Arterioscl | eroti | C cardiovas | | | 1(a) 19 WAS AUTOP |
| CERTIFI | Conditions, if o gove rise to i cade (o), stating lying cause last. PART II. OTH | TH WAS CAUSED BY, IMMEDIATE CAUSE DUE T ny, which mmediate the under: DUE T | (c) Se | Arterioscle | eroti | | MINAL DISEASE COND | ITION GIVEN IN PART | ONSET AND DEAT |
| MEDICAL CERTIFICATION | Conditions, if o gove rise to i cade (o), stating lying cause last. PART II. OTH | TH WAS CAUSED BY. IMMEDIATE CAUSE DUE T ny, which mmediate the under. DUE T TER SIGNIFICANT CO IS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER | (c) NOITIONS C | Arterioscle CONTRIBUTING TO DE C | ATH BUT N | NOT RELATED TO THE TERM | MINAL DISEASE COND in Port I or Part II of ite orm, { 20f, [City or town | ITION GIVEN IN PART em 18.) | 1(a) 19 WAS AUTOP |
| CERTIFI | Conditions, if o gove rise to i cate (o), stating lying cause last. PART II. OTH 200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY Hour a.m., p. m. | TH WAS CAUSED BY, IMMEDIATE CAUSE DUE T my, which mmediate the under. DUE T TER SIGNIFICANT CO SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER Y Month, Day, Y | (c) NOITIONS CONTROL OF CONTROL O | CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBE HOW INJURY OF COURRED Not while of work and that I A A A A A A A A A A A A A A A A A A | ATH BUT N CCURRED 20e. PLAC focto | (Enter nature of injury in CE OF INJURY (Hame, for any, street, office bldg., e | MINAL DISEASE COND in Port I or Part II of ite orm, 20f, (City or town atc.) | on 18.) (Co., 19., 7., that I I causes and an the yor town, stote) T. HOSPITA | ONSET AND DEAT (a) 19 WAS AUTOP PERFORMED YES NO: ounty) (Sh |

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| 9 .5.0 | X | 1 | | | | CHO | | EKTIFIC | AIR | OF DE | AIN | | | | Reg. D | ist. No |). | |
|---|---------------|--------|--|--|-------------------------------------|--------------|-------------------|----------------|---------|-------------------|------------|---------------------------|------------|-----------------------|------------|-----------|---|------------------|
| ector J wiff | 施 | M | 1 | PLACE OF DEATH | | | | | 2. 1 | USUAL RESIDEN | ICE (Whe | re deceased | | | on: Reside | nce befo | ore admis | sion) |
| dir. | | , | | | ltimore | | | MARYLAND | | | Mary] | land | D. | COUNTY | -Ba | ltim | ore | |
| death | - | | | BLIRAL and DINE DE | outside corporate l | imits, write | | OF STAY IN 16 | | c. CITY OR TO | WN (IF ou | itsi de corpoi | ote limit | s, write R | URAL and | give ne | arest fow | n) |
| | No. | | | Catonsvi | le | | lyr7mt | h23dys | H | Baltimo | ore | | 3 | V | 7 | | | |
| offer shoul | | | Г | OR INSTITUTION | L (If not in hospito | , give stre | et oddress) | | | d. STREET ADD | RESS | | | | | | e. IS RES | SIDENCE FARM? |
| by da | | ,6 | | SPRING | GROVE S | TATE | HOSPIT | AL | | 4812 Ha | addor | Aven | ue | | | | | NO E |
| d in | | | 3. | NAME OF DECEASED | | First | | Middle | | Lost | | 4. DATE OF | | Mon | th | Do | зy | Year |
| n 2. | | | | (Type or print) | | tanle | | | | Stanle | ey | DEATH | | Mar | ch | 17 | | 19 57 |
| if year | | | 5. : | SEX | 6. COLOR OR RAC | E 7. MA | RRIED NEV | ER MARRIED | B. DA | TE OF BIRTH | | | 9. AGE | (In years irthday) | | | _ | ER 24 HRS. |
| ra est | | | | male | white | | WED T | DIVORCED | | 15-? | | | 637 | yrs. | Months | Days | Hours | Min |
| cute | Ė | | 10a | USUAL OCCUPATION during most of working | N (Give kind of wo | rk done 10 | b. KIND OF BU | SINESS OR INDI | JSTRY | 11. SIRTHPLAC | E (Stote o | r foreign co | untry) | | 12 C | TIZEN C | OF WHAT | COUNTRY |
| exe o p | 8 | | | steward | | | tandard | Oil Co. | | Russi | La. | | | | | 1 | U. S. | - A- |
| be n ar | i i | | 13. | FATHER'S NAME | | | | | 14. | MOTHER'S MA | AIDEN N | AME | | | | | | |
| ote icia e co | ō •• ~~ | · Adde | | unknown | | | | | | unkno | nwo | | | | | | | |
| phys | 50 7 | T. | 15. | WAS DECEASED EVER | IN U. S. ARMED F | | 6. SOCIAL SEC | URITY NO. 17. | INFOR | | | | | Addr | ess | | | |
| 9 6 5 | 7 A | . 11 | 100 | es | 1917 | 0 | 90=14-2 | 084 R | cor | ds: SI | RING | CROV | E S | TATE | HOS | SPITA | AT. | |
| andin ease | E - | /' | | 18. CAUSE OF DEAT | TH [Enter only and | cause per | line for (o), (b) | | | | | | | | | INT | ERVAL BE | TWEEN |
| o to to | 3 | | | | H WAS CAUSED BY | | erminal | broncho | me | nmonia | | | | | | ON: | SET AND | DEATH |
| t th | ٥ ا | | | 221% | DUE | | | | - | | | | | | | | | |
| ان فر ا | Φ <u>≻</u> | | | Canditions, if an | | 08 | | thrombos | | | | | | | | 2 | | |
| ires ned erm | ō c | | | gove rise to im | mediate (| (b) TO | | e halo | | | | | | | | -13- | yrs. | |
| sign in | D | | | couse (a), stating to lying cause last. | ne <u>under-</u> | (c) | Cerebr | al arter | rios | clerosi | is, p | genera | lize | d | | | | |
| sicio | | | Z | PART B. OTH | ER SIGNIFICANT CO | ONDITION | S CONTRIBUTIN | IG TO DEATH BU | TNOT | RELATED TO TH | IE TERMIN | IAL DISEASE | CONDI | TION GIV | EN IN PA | RT 1(o) 1 | 9 WAS | AUTOPSY |
| phy as b iol-r | 0 | 7 | CERTIFICATION | | | | | | | | | | | | | | PERFC YES 7 | NO T |
| E P | E | 200 | Ĕ | 20a. ACCIDENT WAS | UNDERLYING | 20b. DI | ESCRIBE HOW | INJURY OCCURR | ED. (En | ter nature of in | jury in Po | ort I or Port | II of iter | n 18.) | | | | |
| AN icol | ō | | Ü | 200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A | LI CAUSE OF DEAT MEDICAL EXAMINE | 9 | | | | | | | | | | | | |
| SICI of the of t | ů. | | 3 | 20c. TIME OF INJURY | Month, Day, | Year 20d. | INJURY OCCU | IRRED 20e. P | LACE C | F INJURY (Hon | ne, form, | 20f (City | or lown) | | | (County) | - | (Stote) |
| HY Sign | B E | | MEDICAL | Hour e. n. p. m. | 1 | Whi | le Not when | rile E | octory, | street, office bl | dg., etc.) | | • | | | ,, , | | (/ |
| or property for the | 5 | | _ | | 4.1 1.1.1 | | | March 1 | 7. | . 19 57 | 20. | 1 | 15 | 51 | | | | |
| N S S | ğ | | | 21. I certify the | 1 Carended I | ne dece | - | | | | la Ma | | _ | | | | | deceased |
| A S S S | 5 | | | alive an 1/1/2 | 100 | 12 | 2 / 0 | nd that deat | h acc | urred at d. | | .M, fram DDRESS (Si | | | | the da | | ed abave. |
| לְ בַׁלַבָּ | 2 | , | | ACTUAL MA | Win. | 11 0 | Tom | 16 | | C TO THE | | | | | | _ | D) | ATE SIGNED |
| S P S P | e E | 100 | | SIGNATURE | July July | / | 1 | 71. | _M.D. | SPRIN | G_G | OVE S | PATE | HOS | SPITA | ـــــــ | | |
| TAL retoi At C | ٥ | | | PHYSICIAN'S NAME (Type) | Hiam | N.1 | avil | 2. Jr. | M. |) Caton | svil | le 28 | Ma | rvla | nd | | | |
| SP. SP. | | | 220 | BURIAL) CREMATION | I, 226. DATE THE | EOF | 22c. NAME | OF CEMETERY | DE CRE | | | 22d LOCAT | | | | | ***** | |
| HOY POST | | | | REMOVAL (Specify) | 3-1 | 1-57 | 7 Ha | le, Tri | MI | TV | | FIK | 211 | Jae | . county) | | Jan | 1 |
| 5 5 5 | - | | 23. | FUNERAL DIRECTOR'S | SIGNATURE | , | ADDRE | \$\$/ | L | 24 | o. REC'D | BY ÆGISTI | AR 2 | 4b REGIS | TRAR'S S | SNATU | R90 | |
| VS A15 (4) 15M 9/55 | | | 1 | AMbros | Inc. | 440 | E / | orth | 1 | 1 | um i | 1/20/ | 77 | 1 | 2 | 26 | des | it, |
| - 0111 - 1 0 0 | | | gricular and the same of the s | | | | | | - 1 | | | A | / 1 | | - W / h | - P. P. | - OFFICE OF THE PERSON OF THE | |

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DECEIVED.

| 1 | | | | | MARYI | AND | STATE DEP | ARTM | ENT OF HEA | LTH-BA | LTIMORE, | 18 | 026 | 96 |
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| | | | | | 02 | 2689 | CERT | IFICA | TE OF DEA | ATH | | Reg. Dist. 8 | No. | 44 |
| director | | | 1. P | COUNTY Bal | timore | | MAJ | RYLAND | 2. USUAL RESIDENCE o. STATE Marvland | | b. COUNTY | on: Residence b | | sion) |
| - F | | | b | CITY OF TOWN | (If outside corporate limiteorest town) L H oward | ls, write | c. LENGTH OF STA | YINIb | | (If outside corp | orote limits, write to | | | n) |
| by the full | B | 2 | C | OR INSTITUTION | TAL (If not in hospital, o | | oddress) | | d. STREET ADDRES | SS | | | | SIDENCE A FARM? |
| ang I | - | | C | AME OF | OSCAR | | Midd Midd F | | Pleasant | 4. DATE | Мон | | Day | Year |
| Pages | | | 5 \$ | (ype or print) | 6. COLOR OR RACE | 7. MARI | | | STIERHOFF B. DATE OF BIRTH | DEAT | 9 AGE (In years lost birthdoy) | IF UNDER 1 YE | AR IF UND | 1 |
| complete | | | 10o. | ale USUAL OCCUPAT | White | WIDOW | | | December 2 | | 63 yrs. | Months Day | | Min. |
| - i | | 7 | 1 | TICKLAYE | rking life, even if retired | l _ | ontractor | | Pikesvi | lle, Ma | | | S. A. | |
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| ng physici remove | | 7 | 15 !Yes | WAS DECEASED EV | ER IN U. S. ARMED FOR If the give war or dotes of s WW I | PERMICE) | 50CIAL SECURITY N 3-07-9792 | | in.Rec.,Ve | t.Adm.H | | ress tHoward | d.Mar | /land |
| the attending Then please vent within | | | | | ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO | AO: | |)] | CONGESTIVE | | | [18 | NTERVAL BE | ETWEEN |
| signed by it permit | | | | Conditions, if gave rise to catse (a), stating lying cause lost | immediate DUE TO | | | | | | | | | |
| physicia nas been iol-trans | | j | CERTIFICATION | PART II. OT | HER SIGNIFICANT CON | | CONTRIBUTING TO D | EATH BUT | NOT RELATED TO THE T | ERMINAL DISEA | SE CONDITION GIV | /EN IN PART 1(o | PERFC | AUTOPSY ORMED? |
| ficate Parties of the burner | | | | 200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) | AS UNDERLYING GOOD CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DES | CRIBE HOW INJURY | OCCURRED | . (Enter noture of injur | y in Port I or Po | ort II af ilem 18.) | | | |
| at ar at this cert r use as | | | MEDICAL | 20c. TIME OF INJU Hour o.m. p. m. | RY Month, Day, Yes | While | NURY OCCURRED Not white of work | 20e. PLA fac | CE OF INJURY (Home, lory, street, office bldg. | farm, 20f. (Ci | ty or town) | (Covn | (y) | (Stote) |
| The bospit | | | 1 | 21. I certify I | hotybpitended the | deceas COGO | ed from February and the | uary - | 21 , 19 <u>57</u> , to occurred of 9: | 30.4.M. fro | 26, 19 5° om the couses of Street, city or town, | and on the | dote state | ed above |
| ined by DIRECT Id be d | | | | ACTUAL SIGNATURY | links D. | Por | udo Z | eba. | A.O. VAH, FO | | NRD, MARY | | | /26/5 |
| VERAL 3 shaw | 9 | | | PHYSICIÁN'S NAME (Type) R | | INCE | do LEON | M.D. | CREMATORY | | TARD MAR | 4-4MD | 45. | |
| may be r O FUNER, page 3 st | | | | REMOVAL Specify BUTIAL UNERAL DIRECTOR | March 29. | 1957 | | | ional Cemet | tery I | Baltimore. | Maryla | (Siei | ej |
| VS A15 (4) 1SM 9/5S | ķ | | | Mace | 4 Durge | 2363 | l Falls Ro | | North | REC'D BY REGI | OF T | STRAR'S SIGNA | 12.2 | arles |
| | , , | Hor | ac | e F. Burg | ree Funeral | Home | .Baltimor | E. Mar | v!and | 14 0 | 001 | | | |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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| IOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death; Page 4 | y be retained by the haspital ar attending physician. | UNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the fungral director, | 200 | recistror prior to bened, cremation, or removal, and in one event within 72 hadrs after death. |
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| П | | MARY | .AND | STATE DEPA | ARTM | ENT OF HEALTH | I—BAL | TIMORE, 18 | 0 | a | 3.00 |
|---------------|---|---|-------------------------------|---------------------------|-----------------|--|------------------------|---|----------------|----------------------|--|
| L | | 02 | 2691 | CERT | IFIC/ | ATE OF DEATH | 1 | | Reg. Dist. N | | P |
| 1. | PLACE OF DEATH a. COUNTY | Baltir | nore | MAR | YLAND | 2. USUAL RESIDENCE (Who of STATE | | b. COUNTY | Residence be | | |
| | b CITY OR TOWN (RURAL and give n Milfe | If outside corporate limi learest lown) | | c. LENGTH OF STAT | (IN 16 | CCITY OR TOWN (IF of | | rote limits, write RUR | | | |
| | | TAL (If not in hospital, a | | | | d STREET ADDRESS / 3702 Bucki | nghan | n Road | | ON | ESIDENCE A FARM? |
| 3 | NAME OF DECEASED (Type or print) | ROG | | Middle | | ULLIVAN | 4. DATE OF DEATH | Month March | 1 |) _{0y} B | Year 1957 |
| L | sex Male | White | WIDOW | | ED 🗍 | B. DATE OF BIRTH June 9, 188 | | last birthdoy) 68 yrs. | Anths Days | R IF UN Hour | |
| A | during most of wor Automobile FATHER'S NAME | king life, even if retired | | Retired | OR INDU | Baltimos 14. MOTHER'S MAIDEN N | re Co | | US. | | AT COUNTRY |
| | WAS DECEASED EV | James Sul | CES? 16. | SOCIAL SECURITY NO | | Mary Rod NFORMANT Bertha V. Sul | | Addres: ~ 3702. Bi | | am | Road |
| | | immediate but to | 2 | the for (o), (b), and (c) | ·) | ind it | * ** , | | | | BETWEEN RD DEATH |
| CERTIFICATION | PART II. OT | AS UNDERLYING TO CAUSE OF DEATH AS MEDICAL EXAMINER) | | | | NOT RELATED TO THE TERMIN | | | I IN PART 1(o) | PER | S AUTOPSY FORMED? |
| MEDICAL C | | | or 20d. II While of wor | Not while | 20e. PL/ foc | ACE OF INJURY Home, form, tory, street, office bldg., etc. | 20f. (City | or town) | (County |) | (Stote) |
| | 21. I certify the alive an | hat I attended the | deceas , 12_ | | | accurred at 2.8 | _M, fran | n the causes and treet, city or town, sta | d an the d | ate sta | e deceased ited abave. DATE SIGNED |
| 22 | PHYSICIAN'S NAME (Type) | | | 22c. NAME OF CEN | AETERY O | | | Road, Bal | | | Md. |
| 23 | Burial FUNERAL DIRECTOR | <u> 3/21/195</u> | 7 | Druid R | idge | Ave. 240. RECO | Pike | sville, | Mar | ylar | |
| 1 | ELLSWOR | TH ARMA | COST | 7-4600 Lil | perty | Hghts bate | La de | as de | r.dm. | 6. | Martin |



02699 Reg. Dist. No.

| | PLACE OF DEATH | Bal | timo | re MARYL | LND | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore | | | | | | | on) |
|------------|--|--|------------|----------------------------|----------------|---|-----------------------------|---------------|---------------------------------|------------|----------------|------------|-----------------|
| Г | L CITY OR TOWN (IF | outside corporate limi | | c. LENGTH OF STAY IN | l 1b | c. CITY OR T | OWN (If or | utside corpo | rote limits, write | RURAL ond | give nea | rest fown |) |
| | RURAL and give ne | Rosedale | | 6 yrs. | | X: R | oseda | le | | | | | |
| Г | d. NAME OF HOSPITA | AL (If not in hospital, g | ive street | address) | | d STREET A | DDRESS | | | | | e. IS RESI | DENCE FARM? |
| L | | 6927 Gold | len R | ing Rd. | | 69: | 27 Gol | lden F | ling Rd. | | | | NO 🔽 |
| | NAME OF DECEASED | Fir | si | Middle | | Lesi | 1 | 4. DATE | Mo | nth | Do | у 3 | l'eor |
| | (Type or print) | Loti | | М. | | atton | | DEATH | Mar | 4 | 30, | | 1957 |
| 5. 1 | SEX | | 7. MARR | IED A NEVER MARRIED | | 8. DATE OF BIRTH | _ | | 9. AGE (In years lost birthdoy) | Months | 1 YEAR Doys | Hours | R 24 HRS |
| | Female | White | WIDOWI | | | March 2 | | | 67 yrs. | | | - | , |
| 100 | during most of work | ng lite, even if retired | done 10b. | At Home | INDUS | | ACE (Stote o | or foreign co | ountry) | 1 | S.A | | COUNTRY |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S | MAIDEN N | AME | | | | | |
| | Fred | Orndner | | | | | Marga | aret N | cLaughli | in | | | |
| 15. (Ye | WAS DECEASED EVER | IN U. S. ARMED FOR | | SOCIAL SECURITY NO. | 17. IN | IFORMANT | | | | iress | | | |
| | No | | | None | M | . Harry | G. St | atton | 6927 | olden | Rir | ng Rd | |
| | | | use per ji | ne for (o), (b), and (c)] | 1 | | , | | | | INTE | RVAL BET | WEEN |
| | PART I, DEAT | H WAS CAUSED BY: IMMEDIATE CAUSE (o | , li | while | Ma | Conlas | Mag | l | | | 2 | LRI | Cur. |
| | 3 4 'X | DUE TO | N | . 0 1 | | | 1 | _ | | | 42 | | |
| | Conditions, if an | | Ce | relial | a | rteri. | 006 | lero | 06-19 | | 7 | gea | 120 |
| | gove rise to in couse (o), stating t | | | | | | | | | | | / | |
| l_ | lying couse lost. |) (c | | | | | | | | | | | |
| CATION | PART II. OTH | SIGNIFICANT CON | DITIONS C | ONTRIBUTING TO DEAT | H BUT | NOT RELATED TO | THE TERMIN | NAL DISEASI | CONDITION G | VEN IN PAR | T I(o) 1 | P. WAS A | UTOPSY RMED? |
| 2 | | humal. | 5-401 | althou | his | . WLU | ckips | caro | ely file | ud. | (.0 | YES 🗌 | |
| CERTIF | 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I | CAUSE OF DEATH | 20b. DES | CRIBE HOW INJURY OCI | CURREC |), (Enter noture of | finjury in P | ort I or Port | I II of item 18) | | · | | |
| MEDICAL | 20c. TIME OF INJURY Hour a. j., | Month, Day, Ye | While | Not white | Oe. PLA foc | CE OF INJURY () tory, street, office | lome, farm, bldg., etc.) | 20f. (City | or town) | (4 | County) | | (State) |
| | 21. I cortify the | at I attended the | decens | ed from gast's | . 2 | 1040 | 10 - | 012 | ر کی ₁₉ 5 | 7 that 1 | 1 | the | |
| | alive on 2 | 6-23 | . 19, | | leath | occurred at. | 84 | M From | | | | | |
| | - | no y | 0 0 | zagagas quia may o | | occorred at. | | | reet, city or fown, | | ne doi | | TE SIGNE |
| | ACTUAL SIGNATURE | ~ . Th | Lic | 4 /221 | <u> </u> | v.o | Krely | 1. 16 | and | | | | |
| | PHYSICIAN'S H | L. FUL | ER | (17/1) | | / | PORT. | 5(1) | C40 | 6. | | 171 | d. |
| 220 | BURIAL, CREMATION | 226. DATE THEREC | F | 22c. NAME OF CEMET | ERY OF | CREMATORY | | 22d. LOCAT | ION (City, town, | or county) | | (Stote |) |
| 1 | Buriel | 1/2/3 | / | Morelano | 1 | ILA PA | H | | Bal | to. | | MO | |
| 23. | FUNERAL DIRECTOR'S | | | ADDRESS | | | 24a. REC'D | BY REGIST | RAR 24b, REG | STRAR'S SI | GNATHE | E 7/ | 1 |
| 1 | rosaline Fu | much Hor | sel 7 | 401. Belair 1 | Pd | | DATE | RO | 1957 | bde | the a | Aur | leyn |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DECELVELL

VS A15 (4) 15M 9/55

I

| MARYLAND | STATE | DEPARTMENT | OF | HEALTH—BALTIMORE, | 18 |
|----------|-------|-------------------|----|-------------------|----|
| 6269 | 3 | FRTIFICATE | OF | DEATH | |

Dist. No. 027004 -

| | | | | | | | | | Kañ Disi | , 140, | // |
|----------|--|--|-------------|-----------------------------|----------|--------------------------------------|------------------|--|-------------|----------------------|-----------------------|
| 1. 9 | LACE OF DEATH | LTIMORE | | MARY | LAND | 2. USUAL RESIDENCE (o. STATE MARYIA | | ed lived. If instituti b. COUNTY | | before adm | nission) |
| ь | . CITY OR TOWN (IF | outside corporate limi | ts, write | c. LENGTH OF STAY | IN 1b | c. CITY OR TOWN (| | prote limits, write R | URAL ond gi | ve nearest to | own) |
| | FORT HOWAL | | | 306 DAYS | | BATTT | | | 1 | | |
| | . NAME OF HOSP,TA | AL (If not in hospital, g | ive street | | | d. STREET ADDRESS | 77m A 50m A | 2, -1 . | 7 | e, 15 f | RESIDENCE |
|) | OR INSTITUTION | ADMINISTRA | PTON | HOCOTMAT | | 3023 CE | RESMONT | AVENUE | | ON | A FARM? |
| 3. 2 | NAME OF | Fir | | Middle | 1 | last | 4. DATE | H. V. P.N. U.P. | . 41. | | |
| 0 | Type or print) | JOSE | | W. | | | OF DEATH | | | Day | Yeor |
| 5. S | | | | RIED NEVER MARRIE | n [] | TAIBOTT | | MARCH 9. AGE (n years | | YEAR IF UN | 19 57 NDER 24 HRS. |
| | MALE | | WIDOW | _ | _ | nom 1 =04 | 20 | lost birthdoy) | | Doys Hou | |
| 10a | m see as decrease as | WHITE | 1 | ,/Modific | | OCT. 4, 185 | | 66 yrs. | 12 CITIZ | TENI OF WH | IAT COUNTRY? |
| | during most or work | ing life, even if retired | | | K HADOS | | | | | | AI COUNTRI |
| 12 | PRINTER FATHER'S NAME | | | HOMSPAREN | | CHESTERF | | ARYLAND | U. | S.A. | |
| 13. | ATTICK 3 INDING | | | | | | _ | | | | |
| 15.3 | LAWRENCE | TATBOTT | crea lve | cocial economical in | I 177 10 | ALICE COC | KSEY | | | | |
| | na. or unknown) (1 | I yes, give war or dates of s | | SOCIAL SECURITY NO. | | | | Add | ress | | |
| | YES | WW-1 | | 216-03-1198 | | N. REC., VE | T. ADM | . HOSP., | FT. HO | WARD, | MD. |
| | | | use per l | ine for (o), (b), and (c).] | 1 | | | | | INTERVAL ONSET AN | BETWEEN ND DEATH |
| | PART I. DEAT | 'H WAS CAUSED BY: IMMEDIATE CAUSE (o | CAR | CINOMA OF I | HE E | ASE OF THE | TONGUE | WITH MUI | TIPLE | | NOWN |
| | 141 X | DUE TO | VIS | CERAL METAS | TASI | S | | | | | |
| | Conditions, if on | | BRO | NCHOPNEUMON | IIA E | ILATERAL | | | | UNK | NOWN |
| | gave rise to in cotse (a), stating t | | | | | | | | | | |
| | lying couse lost. |) (c |) | | | | | | | | |
| NO. | PART II. OTH | ER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DEA | TH BUT | NOT RELATED TO THE TE | MINAL DISEAS | E CONDITION GIV | EN IN PART | 1(o) 19. WA | AS AUTOPSY FORMED? |
| FICATION | | | | | | | | | | | KK NO |
| | 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | 206. DE | CRIBE HOW INJURY OF | CCURRED | . (Enter noture of injury | in Port I or Por | rt If of item 16.) | | | |
| 룅 | 20c. TIME OF INJURY | Month, Day, Ye | or 20d. | INJURY OCCURRED | | CE OF INJURY (Home, Fo | | y or lown) | (Co | yunty) | (Stote) |
| MEDICAL | Hour e.m. | 19 | While of wo | Not while | foci | ory, street, office bldg., | elc.) | | · · | ** | |
| | | | | | _ | 10 56 . 1 | IA DOTT | 17 | | | |
| | • | | | sed fram MAY_I | | , 19 <u>56</u> , to 1 | | | | | |
| | BKYCXQXXXXXX | | CXCXDCX | XXXXXX and that | death | occurred at 3 ± 30 | | m the causes of the treet, city or town. | | | |
| | ACTUAL SIGNATURE | Landot | | Our BK | 20. | TEATY TO | · · | | • | | DATE SIGNED |
| | SIGNATURE | and 1 | _/ | un perpe | 1 | LD. VAH, FOR | T HOWR | rd. Maryl | and | 2: | -17-57 |
| | PHYSICIAN'S RO | LANDO D. PO | ONCE | DE LEON, M | . D. | VAH, For | t Howa | rd. Maryl | and | 3. | <u>-17-57</u> |
| 220 | BURIAL CREMAT OF REMOVAL (Specify) | N. 225. DATE THEREC | F | 22c. NAME OF CEME | TERY OR | CREMATORY | 22d LOCA | TION (City, town, | or county) | (5) | tote) |
| | BUPLAL | 3-20- | 57 | BALTIMORE | NATI | ONAL CEMETE | RY BAI | TIMORE. | MARYTA | ND | |
| 23. | LLL LAM COO | SIGNATURE HT T | NC. | FUNE AL HOM | | | C'D BY REGIS | | SMAR'S SIGN | | o of |
| | OOO HARROR | | | | | DATE | 11 4.0 | 133/ | sur | onlZ | . Farte |
| | | | | | | | | | | | |

2 .V UABRUL.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. please PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission a. COUNTY a. STATE b. COMMITY MARYLAND is necessary, b. CITY OR TOWN III outs c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. d. NAME OF in hospital, give treet address) d STREET ADDRESS e. IS RES DENCE ON A FARM? YES TO NO D NAME OF Middle DATE Month DECEASED OF DEATH (Type or print) 19 5. SEX 7. MARRIED TI NEVER MARRIED TO 8. DATE OF SIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Haurs Min. WIDOWED [DIVORCED F 3 to LL yrs. OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT COUNTRY? 1210 during most of working life, even if retired) puo may 14. MOTHER'S MAIDEN NAME Poge 5 r ligod ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANI permit. 18 CAUSE OF DEATH | Enter only one cause per little for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) alang with for burial-transit ; **DUE TO** Canditions, if any, which pencil gave rise to immediate cause certificate should **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS used as PERFORMED? NO 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter, noting of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED 200 BLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year i 20f. (City or lawn) (County) (State) factory, street, office bldg., etc.) Haur a.m. Nat white_ at work at work D. III. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry Dand find that death resulted from: Natural causes 17 Accident . Suicide , Homicide , Undetermined cause cate the certificate, forwarded to the C ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER IT 22c. NAME OF CEMETERY OR CREMATORY 22g. BURIAL, CREMATION, 122b, DATE THEREOF 22d LOCATION (City, tawn, or county) (Stote) Burial 0 3/8 Balto. National Cem. Bal timore. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE MOTEN Baltimore Street 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) SM 9755





| | 0 | 2 | 7 | Q | 2 |
|-------|---|---|-----|---|---|
| Dist. | N | o | - 4 | 2 | L |

| | | | | | | | | Kag. Dis | . 140. | |
|--|--|------------------------------|---------------------------------|-----------------|--|------------------------|---|-------------|-----------------------------|----------------|
| o. COUNTY Bal. | timore | | MARYL | - 11 | o. STATE Md. | /here decease | ed lived If institut b COUNTY | | pefore odmiss. L'LIMO re | on) |
| b. CITY OR TOW RURAL and giv | N (If outside corporate fim re nearest town) | its, write | c. LENGTH OF STAY II | ч 1Ь | E. CITY OR TOWN (IF | | orote limits, write I | RURAL ond g | ive nearest lown |) |
| | SPITAL (If not in hospital, i | give street | oddress) | | d STREET ADDRESS | | 1.01 | | e. IS RESI ON A | DENCE FARM? |
| Rta | 5. Dogwood | Rd. | | | Rt. | Dog | wood Rd. | | YES 🗌 | ио 🗌 |
| 3. NAME OF DECEASED (Type or print) | | nt AYET I | Middle TE | | THIESS | 4. DATE OF DEATH | Mo Mo | nth A.T. | 10 | Yeor 19 57 |
| 5. SEX | 6. COLOR OR RACE | 7. MAR | NEVER MARRIED | B 🔲 6 | DATE OF BIRTH | | 9 AGE (In years | | YEAR IF UNDE | R 24 HRS. |
| Male | white | WIDOWI | DIVORCED | | Aug.5,1892 | | lost hirthday) | Months | Days Hours | Min, |
| anting most of | ATION (Give kind of work working life, even if retired yer (rtd) | 1) | KIND OF BUSINESS OR Onstruction | | Y 11. BIRTHPLACE (Stole | e or foreign s | country) | 12 CITI | ZEN OF WHAT | COUNTRY |
| 13. FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | NAME | | | | |
| John Th | | | | | | lda Re | bel | | | |
| IS. WAS DECEASED | EVER IN U. S. ARMED FOI | | SOCIAL SECURITY NO. | 17. INF | ORMANT | | Add | | lto. 7, | |
| no | | | | Mr | s. Lafayett | a Thie | ss - Rt. | 5, Do | gwood Ro | 1. |
| | DEATH [Enter only one of DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c | • | | rona | ary Occlus | sion | | | INTERVAL BET | DEATH |
| | DUE TO | | | | | | | | | |
| | if ony, which) | | As | thma | atic brond | hitis | 5 | | 5 yea | ars |
| cotse (o), stot | | | | | | | | | | |
| lying cause k | ' Y | :) | | | | | | | 1 | |
| CAT | OTHER SIGNIFICANT CON | IDITIONS C | CONTRIBUTING TO DEAT | H BUT N | OT RELATED TO THE TERA | AINAL DISEAS | SE CONDITION GI | VEN IN PART | PERFOR | |
| OR CONTRIBUT | WAS UNDERLYING [] ING [] CAUSE OF DEATH IFY MEDICAL EXAMINER] | 20b. DES | CRIBE HOW INJURY OC | CURRED | (Enter nature of injury in | Port I or Pa | rt II of item 18.) | | | |
| 20c. TIME OF IN Hour o. P. | 10. | ar 20d II While at wor | Not white | PLAC focto | E OF INJURY (Home, far ry, street, office bldg., et | m, 20f. (Cil | y or town) | (Co | ounty) | (Stote) |
| 21. I certify alive an | that I attended the Narch | deceas | 67 | nuar death o | ccurred at + 5 | WDDKF22 (2 | m the causes of treet, city or town, ik. Ave. | and an th | DA | d abave |
| PHYSICIAN'S NAME (Type) | Millard T. | | band, Jr. | <u>M</u> . | D. | | | | | |
| 220. BURIAL, CREMA REMOVAL (Spe- Buria | 1 3/22/57 | OF . | Mt. Oli | | | 22d LOCA | TION (City, fown, Randal 1: | | (Stote |) |
| 23, FUNERAL DIRECT | | 11 | ADDRESS | 1 | | 'D BY REGIS | أستنا والمستندون والتقالية والمستند | STRAR S SIG | | |
| Him. J. | Victener | Y. K | gres - Dal | 101 | 7 MU. DATE | 3/201 | 57 0 | Da The | n Em | ation |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR fire this certificate has been signed by the attending physician and campletely filled in by the fapage 3 shauld be defined for use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 shaul the registrar prior to burial, cremation, ar remavol, and in any event within 72 haurs after death.

VS A1S [4] 1SM 9/5S



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. 2

TELL & AGA

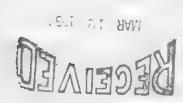
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| 1 | | 02696 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02704 |
|--|------------|--|
| P 2 6 | _ | Items 3,13,14,17: MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
| and in | | 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) |
| A she | 1 | o. COUNTY Baltimore (Zone 24) MARYLAND o. STATE Laryland b. COUNTY |
| | T- 12 | b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negres) town) ond give negrest fown) |
| . O | 40 | Easpoint (Essex) Baltimore 31/11.4 |
| octor. | p- 102. | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? |
| files Files | 7 | Fastpoint Shopping Center 853 N. Eutaw St. YES NO [2] |
| eral our jistro | | 3. NAME OF ELBERT first Middle Lost 4. DATE Month Day Year OF DEATH March 18. |
| or y | | (Type or print) ATHERT Jackson Tillman 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE 10. years IF UNDER 1YEAR IF UNDER 24 HRS |
| # gd # | | hale White WIDOWED DIVORCED 10 27-1892 Con Day or Months Days Hours Min. |
| Stain Will | | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHELACE (State or foreign country) 12. CITUON OF WHAT COUNTRY |
| be re | / | during most of working life, even if celired) |
| 2, 2 | 1 | 13. FATHER'S WAME TO TILL MAN, Elbert 14. MOTHER'S MAIDEN NAME CALLIE, CLARK |
| ages 1 | | Jackson Little 1777 |
| 2 8 2 | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT MARYALICE Address (Yes, no. pr unknown) [19 yes, givenpor or dates of service) |
| Q C L | 0 | THO THOU THIS SHIP SHIP SHIP |
| | | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH |
| form in | | IMMEDIATE CAUSE (b) |
| in H | | Conditions, If any, which) By A-3-2-V-DISPIFS-2 |
| io generalista | | gove rise to immediate cause (o), stating the underlying DUE TO |
| 263 | | couse lost. (c) |
| ffice in | | PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| 10 % S | ^ | YES NO AT |
| 2.2.2 | | 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) |
| Exon | | |
| 3 sh | | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY/OCCURRED 20s PLACE OF INJURY (Home, form, 20f. (City or lown) (Caunty) (Slate) Hour o. m. 19 of work Let work |
| Med t | | 21. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find that |
| | | death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause . |
| 10 S | | 1 / m/2 |
| n th | <i>p</i> . | ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED |
| AA | , , | EXAMINER'S 11 B D A SSISTANT MEDICAL EXAMINER D |
| + P P P | E | NAME (Type) / 11/1 DAY 15 /11 DEPUTY MED CAL EXAMINER [] |
| O POPULATION OF THE POPULATION | ō | 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) |
| - | | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| S. A15ME(5 5M 9/55 | 5) | Wm Corok my 1217 ST PAUL ST DATE 3/20/7 Cattle okulen |
| | | |

15 A 1



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02697 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02706

Reg. Dist. No.

| gi L | | COUNTY B | altimore | | MARYL | 11 | a. STATE Mar | Where decess yland | ed lived. If Instit b. COUNT | | ince bef | ore odmission) | ~ |
|---------|---------------|---|--|------------|--|-----------|--|--------------------|---------------------------------|-------------|--------------|--|------|
| - | Ь | . CITY OR TOWN (H o and give nearest town) | utside corporate limits, write | RURAL | c. LENGTH OF STAY IN | 1 1b | c. CITY OR TOWN (III | outside corp | | | l give n | earest town) | |
| | d | | ort Howard | | pital, give street address) | | d. STREET ADDRESS | 3 Peac | h Street | | | IS RESIDENCE ON A FARM? YES □ NO ▼ | |
| | 3. 1 | NAME OF | Fire | | Middle | | Losi | 4. DATE | Moni | lh. | Day | Yeor | _ |
| | | DECEASED Type or print) | THO | | | | TURNER | OF DEATH | Mar | _ | 29 | 19 57 | 7 |
| | 5. \$ | EX | 6. COLOR OR RACE | 7. MARRIE | D NEVER MARRIED | (a. c | ATE OF BIRTH | | 9. AGE (In years lost birthday) | IFUNDER | TYEAR | IF UNDER 24 H | IRS. |
| | | Male | Colored | WIDOWED | DIVORCED [|] | 3-1-92 | | 65 yrs. | | Days | Hours Min | |
| 1,0 | 10a. | . USUAL OCCUPATION | (Give kind of work d | ane 10b. K | IND OF BUSINESS OR IN | IDUSTRY | | | ountry) | 32. CITI | ZEN O | WHAT COUN | TRY? |
| 1 | | Laborer | | | | | Virgin | ia | | | | | |
| 1 | 13. | FATHER'S NAME | | | | 1 | 4. MOTHER'S MAIDEN I | | | | | | |
| | | William | | | | | Martha | ? | | | | | |
| | | | R IN U. S. ARMED FOR | | SOCIAL SECURITY NO. | | DRMANT | 3002 7 | Address | | | | |
| | | | | | | Eth | el Turner, | 1003 P | each Str | eet | | | |
| | | PART I. DEATH | I (Enter only one cous I WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO | - | or (a), (b), and (c).] Syphilitic (| Card | iovascular | Diseas | e | | INTER | YAL BETWEEN T AND DEATH | |
| | Z | Conditions, if any gave rise to immedia (a), stating the ur cause last. | oderlying DUE TO | ITIONS CO | NTRIBUTING TO DEATH | BUT NO | I BELLETED TO THE TERRIT | IN/AI DISEASI | F CONDITION OF | VEN! NI BAD | L Italia | D SALE ALITOR | |
| | CERTIFICATION | | | | THE POST OF THE PO | BOT NO | T KLEATED TO THE TERM | | CONDITION OF | TEN IN FAR | ,,,, | PERFORMED? | ? |
| | | 20g. EXTERNAL CAUS PRIMARY or CONT CAUSE OF DEATH. | E WAS FRIBUTING | . DESCRIBE | HOW INJURY OCCURRI | ED. (Ente | er nature of injury in Par | t I or Part II | of item 18) | | | | |
| | MEDICAL | 20c. TIME OF INJURY Hour g. m. p m | Month, Day, Year | While | | | OF INJURY (Hame, farm, street, affice bldg., etc | | ar town) | (Cor | inty) | (Stot | te] |
| | | | it I took charge from: Natural c | _ | emains described Accident , | | , held an Autops de [], Homicide | - | nspection X | | у <u>П</u> , | and find | that |
| | | ACTUAL SIGNATURE | Jane F | B | ner- | | A.D. CHIEF MEDICAL EX | XAMINER [| | | | DATE SIGNED | |
| - | | EXAMINER'S | | | | | ASSISTANT MEDIC | AL EXAMINE | R 🏋 | | 4/ | 1/57 | |
| | | NAME (Type) | Paul F. G | uerin | M.D. | | DEPUTY MEDICAL | EXAMINER [|] | | | | |
| | 220. | BURIAL CREMATION | 1, 22b. DATC THEREOF | 57 | MT CLUB | Du | EMATORY LT | 22d LOCA | Cos Ce | or county) | | (Slate) | |
| | 23. | EUNERAL DIRECTOR'S | J. RIO | und | ADDRESS 108 | | | D BY REGIST | FAR 245, REG | STRAK'S SIC | NATUR | Farle | rp. |

VS. A15ME(5) 5M 9/55

or removal.



DATE APR

HOSPITAL

15M 9/55

A.E.

15 7 Am, "

BUREAU V. S.

DECENA EN

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02583 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN_UK outside corporale limits, write RURAL and give nearest town) RURAL and give nearest tower brilles Arbutus d. NAME OF HOSPITAL (If not in hospital, give street address) d/STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF **First** Middle DATE Month Year DECEASED (liype or print). DEATH 12 0 SEX 6. CQLQR OR RACE AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HA 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done) 10b-KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN Address 18 CAUSE OF DEATH [Enter only one couse per line for (s), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(D) 19 WAS AUTOPSY PERFORMED? YES NO 17 20d ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, 20d INJURY OCCURRED Day, Year 20f. (City or town) (County) (Slote) factory, street, office bldg. etc.) Hour o. n. While Not while of work of work p. m. 21. I certify that I attended the deceased from Z 19.5. Lithat I last saw the deceased and that death accurred at 37RM, from the causes and on the date stated above. alive on... ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 229 BURIAL, CREMATIONS 226. DATE THEREOF 222-NAME OF CEMETERY OF CREMATORY 22d-10CATION/(City, town, or county) REMOVAL (Specify) 23/FUNERAL/DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGATRAR'S SIGNATURE

DECENTED ED

BUREAU V. S.





| | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | <i>(</i>) |
|---------|--|------------|
| Į. | C27" CERTIFICATE OF DEATH Rog. Dist. No. 37 | U |
| | PLACE OF DEATH o. COUNTY BALTIMORE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) b. COUNTY BALTIMORE MARYLAND | RE |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) LUTHERVILLE c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) | |
| 2 | d. NAME OF HOSPITAL (IT not in hospital, give street address) OR INSTITUTION OR GREEN SPRING DRIVE 1508 GREEN SPRING DRIVE ON A FAI YES \(\text{NS RESIDER} \) NOT A FAI YES \(\text{NS RESIDER} \) | RM7 |
| | NAME OF DECKASED (Type or print) A/N NA WATCH MAN 9 DOY YEAR OF DEATH MAR OH 16 196 | 57 |
| | ENTALE NAME MIDOWED DAY 30.18.13 84 vs / 1/6 | Min. |
| Name of | OR. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT CO APRY LAND 14 MOTHER'S MAINEN NAME | UNTRY |
| | JOHN REHNER MOLLY HOLDEFER | |
| 0 | (et. no. or unknown) If yes, give war or dates of service) 218-26-0008B /+ENRY H.)N/ATCHNIBN-SR-LUTHER | VILL |
| | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under-lying couse lost. DUE TO (c) | ATH |
| 0 | | ED? |
| | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part It of item 1B.) OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40 work 50 foctory, street, office bldg., elc.) While Not while of work 50 foctory, street, office bldg., elc.) | (Stole) |
| í | 21. I certify that I attended the deceased from December, 1956, to Merch 16th, 1957, that I last saw the decative on March 16th, 1957, and that death occurred at 2 PM, from the causes and an the date stated of ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. 1927 ACTUAL SIGNATURE M.D. 1927 ACTUAL SIGNATURE | |
| | PHYSICIAN'S M. KEVIN QUININ MD TIMONIUM MC. Ro. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stories) | |
| | ADDRESS 226. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, town, or county) 227. NAME OF CEMETERY OR CREMATORY 228. LOCATION (City, town, or county) (State) BALTIMORE NIAR 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE | YLAK |
| | NM. COOK-TOWSON-INC 1050 YORK RD: DATE 3/19/57 L. St. Hedney | 3 |



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BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

MAR II 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. &

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BECENALIO

Charles R. Law Mortuary, 002-On Madison ave., Balto. 1, 16.

BOKEVO K &

APR I 153



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

haurs ofter death. Page

Reg. Dist. No.

| RYLAND | Maryland Baltimore |
|-----------|--|
| YINIb | c. CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town) |
| | Y Parkville |
| | d STREET ADDRESS e IS RESIDENCE |
| | 1 3006 Linwood Ave. ON A FARM? |
| ie mrs | Last 4. DATE Manth Day Year |
| | Illiamson DEATH March 12, 1957 |
| | B. DATE OF BIRTH 9 AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS Idas birthday Months Doys Hours Min. |
| ED 🔲 | Aug. 20, 1912 44 yr. |
| | STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| re | Balto. Co. Md. U. S. A. |
| | 14. MOTHER'S MAIDEN NAME |
| | Mary Sullivan |
| | NFORMANT Address |
| | s. Mary McNeave 8632 Black Oak Rd. |
|)-] | INTERVAL BETWEEN ONSET AND DEATH |
| 24. | they Conse |
| / | (|
| | |
| | |
| | |
| EATH BUT | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO |
| OCCURRE | D. (Enter noture of injury in Port I ar Port II af item 18.) |
| | |
| 20e. PL/ | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) |
| foc | ctory, street, affice bldg., etc.) |
| 12/ | 52, 19, ta |
| | |
| n death | accurred at 2 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED |
| | MD. 8100 Harland 181. 3/13/57 |
| | |
| | 8100 Harford Ad. |
| METERY O | R CREMATORY 22d. LOCATION (City, lown, or county) (Stote) |
| I.S. | National Baltimore, Md. |
| 2/ | 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| Eliza | Model PATED 15 1957 Str. a. M. Hacon |
| | |

BUREAU V. &

WE CEID ED

| MARYLAND | STATE DEPARTM | ENT OF HEALTH | I-BALTIMORE, 1 | 8 | |
|---|---------------------------|--|--|--|--|
| 0270 | CERTIFICA | ATE OF DEATH | 1 | Reg. Dist. No. | 2715 |
| PACE OF DEATH Baltimore | MARYLAND | | Baltimore ounty | on: Residence before | odmission) |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (H c | utside corporate limits, write R | URAL and give neare | st fawn) |
| d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION 511 Forrest Lane | address) | d. STREET ADDRESS 511 Forre | st Lane | | IS RESIDENCE ON A FARM? YES NO K |
| 3. NAME OF DECEASED (Type or print) Ella Blanche | Willis | Lost | 4. DATE Mon | / | Year 1957 |
| s sex 6. COLOR OR RACE 7 MAR WIDOW | | B. DATE OF BIRTH Jan. 18, 187 | 7 AGE (in years lost buildoy) 80 yrs. | Months Days | |
| | KIND OF BUSINESS OR INDU | Maryland | | 12. CITIZEN OF | WHAT COUNTR |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN N | | | |
| John W. Mills | COCIAL PECULPHY AIR 17 17 | Catherine | | a far Elizabeth | |
| [Yes, no, or unknown) (If yes, nive war or dates of service) | | NFORMANT Villiam N.W: | | est Lane | • |
| PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) / 5 / X DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse last. | Carcinor not Carci | na of the | us us | ONSE | AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | inthe onds | Kerden | usis. | | WAS AUTOPSY PERFORMED? (ES NO NO |
| | CRIBE HOW INJURY OCCURRE | D. (Enter nature of injury in I | Part I or Part II of item 18.) | | |
| A Hour a.m. While | | ACE OF INURY (Home, form clary, street, affice bldg., etc. | | (County) | (State) |
| 21. I certify that I attended the decease olive on 19.4 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | and that death | occurred of 12 M | 3/4 195 u.M. From the causes of ADDRESS (Sireel, city or Jown, ECharelt | I, that I lost sow and on the date state | the deceos stoted above DATE SIGN WKZ |
| 220 BURIAL CREMATION. 226. DATE THEREOF BURIAL (Specify) 3/16/57 | 22c. NAME OF CEMETERY O | R CREMATORY | 22d. LOCATION (City, town, o | | (State) |
| 23. FUNERAL DIRECTOR'S SIGNATURE | Echenary Ser | 24a. REC'I | | STRAR'S SIGNATURE | |

.5JT 51 84W

BUREAU V. S.

Reg. Dist. No.

| | PLACE OF DEATH O COUNTY | | | | | 2. USUAL RESID | DENCE (Who | ere deceased | lived. If institut | | e before odr | mission) |
|--------|--|-----------------------------|---------------|--------------------------|-----------|--------------------|---------------|----------------|------------------------|---------------------|---------------|-------------|
| | BALT | IMORE | | MARY | ILAND | | RYLAN | D | 6. COUNTY | ['] | | W |
| | b. CITY OR TOWN (IF RURAL and give need | | ts, write | c. LENGTH OF STAY | IN 1b | c. CITY OR 1 | TOWN (If or | utside corpor | ole limits, write | RURAL ond g | ive nearest t | own) |
| | FORT HOWA! | | | 34 DAYS | | BAI | TIMOR | E (| 1 : | whi. | | |
| | d. NAME OF HOSPITA | L (If not in hospital, g | ive streat | oddress) | | d STREET A | DDRESS | | | | | RESIDENCE |
| | VETERANS AT | DMINISTRAT | ION H | OSPITAL | | 1346 | N. S' | TOCKTO | N | | | N A FARM? |
| 3. | NAME OF | Fir | st | Middle | | los | | 4. DATE | Mo | oth | Day | Year |
| | DECEASED (Type or print) | RAYMO | ND | | | WILME | R | OF DEATH | MARCH | 7 | | 19 57 |
| 5 | SEX | 6. COLOR OR RACE | | IEDIX NEVER MARRI | ED [] | 8. DATE OF BIRTI | | 1 | 9 AGE (In years | IF UNDER | YEAR IF U | NDER 24 HRS |
| | MALE | NEGRO | WIDOW | 3.100-00 | | 5-8-190 | 13 | | fait hirthday) 53 yrs. | Months | Days Hou | ers Min, |
| ΙOε | USUAL OCCUPATION | V (Give kind of work | done 10b. | KIND OF BUSINESS C | OR INDUS | TRY 11. BIRTHPL | ACE (Stole o | or foreign co | unity) | 12 CITI | ZEN OF WE | AT COUNTRY? |
| | ROOFER | ng life, even if retired | | OFING | | BALTI | MORE. | MARYI | AND | II. | S.A. | |
| 13. | FATHER'S NAME | | 1200 | <u> </u> | | 14. MOTHER'S | MAIDEN N | | | 1.00 | | |
| | WILLIAM HE | ENRY WILME | R. | | | AGNES | ARRAM | S | | | | |
| 15 | WAS DECEASED EVER | | | SOCIAL SECURITY NO |). 17. II | NFORMANT | 101411 | | Add | dress | | |
| | YES (" | yes, give wor or dates of a | | 18-05-0225 | CL | IN. REC. | . VET | ADM. | HOSP., | PT. HO | WARD. N | D. |
| = | 18. CAUSE OF DEAT | H [Enter only one co | | ne for (a), (b), and (c) | | | | | | | | BETWEEN |
| | PART I. DEAT | H WAS CAUSED BY: | . ACUT | E PULMONAR | v ed | EMA | | | | | ONSET A | ND DEATH |
| | 1, * x | DUE TO | | E TOHEORAI | للنتي يل | ALL LA | | - | | | TUNK | NOMN |
| | Constitution Man | | | RIOSCLEROI | TC H | YPERTENS | TVE D | TSEASE | C. | | UNKI | NOWN |
| | Conditions, if on gove rise to im | mediate |) | | | | | | | | | |
| | casse (a), stating ti | he under- DUE TO | 1 | | | | | | | | | |
| z | lying couse fost. | J (C | | ONTRIBUTING TO DE | ATM DIST | NOT DELATED TO | THETERAL | IAI DIEEAES | CONDITION OF | V/F4 1 15 4 D 4 D 7 | N-130 W | AC AUTOROV |
| NON | PAR II OTA | CK SIGNIFICANT CON | DITIONS C | ONIK BUING TO DE | AIM OUI | NOT RECATED TO | THETEKMIN | NAL DISEASE | CONDITION GI | VEN IN PAKI | PER | RFORMED? |
| FIG | 200 ACCIDENT WAS | HNDERIVING FT | 20h DES | CRIBE HOW INJURY C | CCLIBBE |) /Fater nature o | 6 inium in P. | art I av Part | II of item 18.1 | | YES | X NO □ |
| L CERT | 29g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A | CAUSE OF DEATH | 200. 003 | ERIDE FIOTA HAJORI C | CCORRE | o. Ichier noisie s | t infory in r | 011 1 01 1 011 | ii oi iiem io.j | | | |
| E.A. | 20c. TIME OF INJURY | Month, Day, Ye | | NJURY OCCURRED | | ACE OF INJURY (| | | or town) | [Co | ounty) | (State) |
| ¥ED | Hour o.m. | 19 | While of work | Not while | | nory, arealy orner | magn aren | | | | | |
| | 21. I certify the | t Kattended the | deceas | ed from Janua | rv 2 | 8 . 1957 | , to Mar | rch 3 | 10 5 | 7 XAY+YOXOXO | XXXXXXX | X XXXXXX |
| 3 | XIQEV66XXXXX | | | XXXXA and that | _ | | | _ | | | | |
| 4 | 2.0 | | 0 | / | acom | occorred de | | | reat, city or town. | | e dute si | DATE SIGNED |
| | ACTUAL A | ando 10 1 | Ense | a Lean | , | M.D. VETER | | DMINIS | MOTTA | HOSPI | PAT. | 3/11/57 |
| | SIGNATURE | | 2001 | 6-11-11-11 | | ווייניניניניט.א | 1017FT 101 | MATERIAL POR | TVATFTATI | | | 21.21.23 |
| | PHYSICIAN'S NAME (Type) ROI | ANDO D. PO | DNCE | de LEON, M | .D. | FORT_ | HOMARI | D. MAR | YLAND. | | | |
| 220 | BURIAL, CREMATION REMOVAL (Specify) | 0 1/ (HP |)F | 22c. NAME OF CEM | ETERY O | R CREMATORY | | 22d. LOCAT | ION (City, town, | or county) | (5 | State) |
|] | Burial | 3/6/57 | | Baltimor | e Na | tional | | Balti | more, M | arylan | d | |
| | FUNERAL DIRECTOR'S | | | ADDRESS | | | | BY REGISTI | RAR 24b. REG | ISTRAR'S SIGI | NATURE | 11 1 |
| (| Charles R. | Law Mortua | ary,8 | 02-04 Madi | son . | Ave., Bal | DEDIE 4 | 216/5 | 7 00 | roson | 1 L. | Farker |

Md.

BULLAN V. S.

MANTAS !!

| 1 | | | | | | | TATE DEP | ARTM | NT OF HEA | LTH—I | BALTIMO | RE, 18 | 025 | 717 | |
|---|---|---|-------------|---|--|--------------|--|------------------|--|-------------------------|-------------------|-------------------------|------------------------|-----------------------|--------------------------------|
| اعدي به | | 1 | | | 027 | 16 | CER | TIFICA | TE OF DEA | ATH | | R | leg. Dist. N | . 3 | 3/ |
| director | The same of | 7 | | LACE OF DEATH | Baltimo | re | МА | RYLAND | 2. USUAL RESIDENCE Mary Lan | E (Where d | eceased lived. 1 | f institution COUNTY | Residence bet Balti | nore | n) |
| g = 1 | 1 | | ŧ | CITY OR TOWN RURAL and give I Pikesy | | s, write c. | LENGTH OF ST. | AY IN 1b | Pikesvi | | carporate limit | , write RUR | AL and give n | earest fawn) | |
| irs after by the 1 12 shau | .0 | | , | OR INSTITUTION | ITAL (If not in hospital, gi | | ress) | | d. STREET ADDRE | | zenue / | | | e. IS RESID ON A F | NOXOX |
| at hou | | | | IAME OF DECEASED Type or print) | Victo | 1 | Mid | | desheim | 4. 0 | ATE MAT | . 19t | h | Day Ye | 57 |
| s within letely fi s. Pog. | | | 5. S | Male | 6. COLOR OR RACE | 7. MARRIED | and the same of th | | ec.1" 18 | 78 | 9. AGE (| In years IF rinday) W | UNDER 1 YEA | | |
| emecufer and comp | deo H. | 1 | | during most of wa | ION (Give kind of work d rking life, even if refired) lerchant | Dry | Goods | OR INDUS | RY II BIRTHPLACE | | | | 12. CITIZEN US. | | OUNTRY |
| rtificate as physicion ar move corbo | rs offer | | | ATHER'S NAME | ry Windes | heim | | | 14. MOTHER'S MAII | | ? | | , | | |
| ng phys | L L | | 15. (Yes | NAS DECEASED EV | ER IN U. S. ARMED FORG | coca) | one | | ·Lamorea | u,45 | 10 Lib | Address | | ts Av | e. |
| the death a attendi | e e e e e e e e e e e e e e e e e e e | | | | ATH [Enter only one cou ATH WAS CAUSED BY- IMMEDIATE CAUSE (0) | | or (a), (b), and | (c).] | romary | Th | гащьо | 5/3 | 40 | TERVAL BETV | NEEN DEATH |
| es that ed by th mit. Th | ony eve | | | Conditions, if a | immediate (| | | С | 01-04 ay | 50 | leros, | <u>'</u> | | 241 | 15. |
| aquir ion. ion signe | E 0 | | ~ | tying couse last. | the under- DUE TO | T | | A | rt. Scl | | | | | 27/15 | , |
| The lom physic hos bee rial-tro | HOVO! | 0 | ICATION | | THER SIGNIFICANT CONT | | | | | | | | IN PART 1(o) | PERFORA | ITOPSY WED? NO IR |
| tending ificate the bu | o 'c | | | | G CAUSE OF DEATH Y MEDICAL EXAMINER) | 206. DESCRIB | E HOW INJURY | | (Enter nature of inju | | | | | | |
| PHYSK tal or al this cert r use os | remanor | | MEDICAL | 20c. TIME OF INJU Havr a. 51. p. m. | | While | Not while at work | 20e, PLA fact | CE OF INJURY (Name pry, street, affice bldg | , farm, 20 j., etc.) | F. (City or town) | t de | (County |) | (Stote) |
| ADING Forbid | בייחשו, כו | | | | hat I attended the | deceased | | | , 19 <i>50</i> , 10 occurred at 7 | MA A. M. | from the co | 19 .5.2 .,t | hat I last s | saw the d | eceased |
| RECTO | 0 | 1 | | ACTUAL SIGNATURE | anasa. | ille | D | | Reister | ADDR | ESS (Street, city | or lown, stat | te) | DAT | E SIGNED |
| retoin RAL Di | istrar pi | 1 | | PHYSICIAN'S NAME (Type) | | Mill | er | | Pike | svill | le, Mar | ylan | d. | | |
| MOSI MOY BA O FUNE Poge 3 | 9 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | Burial | /War.22"1 | | | Ridge | Cemeter | y P | ikesvi | lle,E | Balto. | | fd. |
| VS A15 (4) 15M 9/55 | | | 23.(| Nucles LO | ESSIGNATURE EUROPEAL | ٨ | 4510 | Liber | ty Hente | | REGISTRAR +2 | db. REGISTR | AR'S SIGNATE | Rewe | ell |
| | | | | | ~ |) | | | | | | | | | |



| 7 | | 027 | CERTIFICA | ATE OF DEAT | Н | Reg. Dist. N | 718 4 |
|-----|--|---|---|---|-----------------------------------|---|---|
| M) | PLACE OF DEATH | timore | MARYLAND | 2. USUAL RESIDENCE (Mo. STATE Mary) | /here deceased lived. If in b. CO | stitution: Residence be | |
| | b. CITY OR TOWN | (If outside corporate limits, writ | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | outside corporate limits, w | rite RURAL and give n | egresi town) |
| 50 | OR INSTITUTION | PITAL (If not in hospitol, give struerans Administr | | d. STREET ADDRESS 257 South E | East Avenue | | e. IS RESIDENCE ON A FARM? YES NO |
| | 3. NAME OF DECEASED (Type or print) | JORN JORN | Middle O. | WISE | 4. DATE OF DEATH March | | 200y Year 1957 |
| | S. SEX Male | White wind | OWED DIVORCED | 8. DATE OF BIRTH August 11,] | | doy) Manths Days | Hours Min. |
| 1 | Silversm | orking life, even it retired) | ob. KIND OF BUSINESS OR INDU | Baltimore | , Maryland | | S. A. |
| () | John Wise | | | 14. MOTHER'S MAIDEN Margaret (| | | |
| 1 | 15. WAS DECEASEDE (Yes. no. or unknown) Yes | VER IN U. S. ARMED FORCES? | | nformant Linical Recor | ds, Vet. Adm. 1 | Address lospital,Ft | .Howard, M |
| | | EATH (Enter only one couse pe EATH WAS CAUSED BY: F IMMEDIATE CAUSE (c) | r line for (o), (b), and (c).] PNEUMONIA LOBAR. | BILATERAL | | IX OI | TERVAL BETWEEN USET AND DEATH LA DAYS |
| 1 | 490) Conditions, if | | | | | | |
| | gave rise to cate (a), statin lying cause los | g the <u>under</u> DUE TO | | | | | |
| 0 | ARTE | RIOSCLEROTIC HE | | | | | 19. WAS AUTOPSY PERFORMED? YES NO E |
| | | VAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER] | DESCRIBE HOW INJURY OCCURRE | D. (Enter noture of injury in | Port 1 or Part 11 of item 11 | 3.) | |
| | 20c. TIME OF INJ | . Wh | | ACE OF INJURY (Home, for ctory, street, affice bldg., el | m, 20f. (City or town) | (County | (State) |
| | | that tattended the dece | eased from March Is | | larch 13 , 19 | | |
| | ACTUAL SIGNATURE | Waham (| 00 11 | M.D. VAH, FORT | ADDRESS (Street, city or | town, state) | DATE SIGNE |
| 1 | PHYSICIAN'S NAME (Type) | ABRAHAM ALLPOI | | I.D. VAH, FO | | | 3/13/57 |
| | 220. BURIAL, CREMAT REMOVAL (Speci Burial 23. FUNERAL DIRECTO | 3-18-0 | 7 Kaltimore Na | tional Cem. | | own, or county) Maryland REGISTRAR'S SIGNATI | |
| - 1 | | | | ZACL KEL | LUBI KEGISIKAK 1 24D. | REGISTRAR S SIGNAL | |

1951 6 : Wi

BUREAU V. S.

The state of the s

secretarion de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya de

02719

| 2709 | CERTIFICATE OF DEAT |
|------|----------------------|
| | 2 MENTAL REPORTER OF |

Reg. Dist. No.

| 1. PLACE OF DEATH o. COUNTY | | | | | | | |
|---|---|---|---|------------------------|-----------------------------------|------------------|--|
| | Baltimor | e County MARYLAN | 2. USUAL RESIDENCE (V | | d. If institution b. COUNTY | nı Residence bel | fore admission) |
| b. CITY OR TOWN RURAL ond give Catonsv | | c. LENGTH OF STAY IN 1 | 6. CITY OR TOWN (IF | | imits, write RL | - | earest town) |
| OR INSTITUTION | PITAL (If not in hospitol, given way Manor Nur | | d. STREET ADDRESS | N. Patter | | | . IS RESIDENCE ON A FARM? YES NO |
| J. NAME OF DECEASED (Type or print) | Mary | | czalek | 4. DATE OF DEATH | arch | 30 ° | 1957 |
| 5. SEX Female | | 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | -1 0 200 | 1 1- | SE (In years birthday) yrs. | Months Days | R IF UNDER 24 HRS. Haurs Min. |
| 100. USUAL OCCUPA during most of w Housewi | rocking life, even if retired) | Own Home | NDUSTRY 11, BIRTHPLACE (Stote | e ar fareign country |) | U.S. | OF WHAT COUNTR |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN | NAME | | 7.16.15 | |
| Wild DECEMBER | Joseph Kw | | Julia | | | | |
| (Yes, no, or unknown) | (If yes, give wor or dotes of sec | (anima) | Joseph Wyczale | k 5602 | Fair | Oaks Av | enue |
| CATC | immediate DUE TO St. (c). OTHER SIGNIFICANT COND | DITIONS CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH | Menen | MINAL DISEASE COI | | EN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? YES NO |
| | NG CAUSE OF DEATH | | | | | | |
| 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTII) V 20c. TIME OF INJ Havr o. m | FY MEDICAL EXAMINER) URY Month, Day, Year 1. | r 20d. INJURY OCCURRED 20e While Nat while of work at work | PLACE OF INJURY (Hame, for factory, street, affice bldg., e | m, 20f. (City or to | wn) | (County | (State) |

TO HOSPITAL OR ATTINGUING PHYSICIAN: The low requires that the death certificate be executed within 21 hours after death. Eagle 4 may be retained by the capital or attending physician.

TO FUNERAL DIRECTOR

TO FUNERAL DIRECTOR

To the physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should littled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

Manager Vice of the 24 cm LOS STREET, TOUR STREET a demand the last reaching the sale of the AND SURVEY DOWN TRANSPORT MEN SHEET 4 2 4 310 ATTACK MINE ALSO TORS IN PARTIE SERVED BUREAU V. S. APR 2 1957 Made a control of the control of the